

**“PRIVATE PRACTICE: IS IT WORTH IT?”**

**“THE EXPERIENCES OF SOCIAL WORKERS IN PRIVATE  
PRACTICE: CHALLENGES, OPPORTUNITIES AND  
BENEFITS”**

**by**

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## DECLARATION

Submitted in fulfilment / partial fulfilment of the requirements for the degree  
of ...MASTERS..... , in the Graduate Programme in  
SOCIAL WORK..... , University of KwaZulu-Natal,  
Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations,  
references and borrowed ideas have been duly acknowledged. It is being  
submitted for the degree of MASTERS OF SOCIAL WORK <sup>(MSW - CLINICAL PRACTICE)</sup> in the  
Faculty of Humanities, Development and Social Science, University of  
KwaZulu-Natal, Durban, South Africa. None of the present work has been  
submitted previously for any degree or examination in any other University.

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Student name

13 / 03 / 09

Date

## **DEDICATION**

To my husband, Rajive and my children, Yashmika and Eshkar Rajcoomar  
for their unconditional love, support, assistance, understanding and  
encouragement.

To my parents,  
Mr. Sanjeet and Mrs. Sharitha Budhoo  
for instilling in me values, morals and the importance of a good education  
and most of all the nurturance, guidance and love  
in making me the person I am.

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## **ABSTRACT**

The main aim of the study was the description of the experiences of opportunities, rewards and challenges faced by social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal. This study used an exploratory design, which was qualitative in nature. The researcher administered interview schedules that contained both open-ended and close-ended questions.

The findings of the study indicated that some of the challenges experienced are professional isolation, stress and burnout, difficulties of managing a business and role confusion and conflict between a social worker in private practice and a psychologist. Respondents indicated that some of the benefits of private practice were working with motivated clients, control over professional growth and work environment, financial rewards, escape from bureaucracy, flexibility and quality casework services. The opportunities offered to private practitioners were employee wellness programmes, legal work, training, work in schools and quality casework services that made private practice a lucrative business. In terms of support systems it was found that the South African Association of Social Workers in Private practice was supportive. Respondents regarded The South African Council for Social Services Professions and the Department of Social Development as unsupportive.

Emanating from the findings, recommendations have been made with regards to making private practice a more viable option. The findings can also be used to inform future research on a national level as well as comparative studies on the experiences between social workers in private practice and those at an agency level. Some of the recommendations in relation to private practice are that the South African Council of Social Services Profession and the Government should acknowledge social workers

in private practice, the community should become more responsive to private practitioners and tertiary institutions should offer training courses to prepare social workers for private practice.

## **CHAPTER ONE**

### **NATURE, GOALS AND METHOD OF THE STUDY**

#### **1.1 INTRODUCTION**

The State recognizes that social work is a scarce resource for which an extensive retention and recruitment strategy had been planned (Recruitment and Retention Strategy 2006). Whilst social workers are leaving the Non-Governmental organization sector for better salaries and fringe benefits, Non-Governmental organizations contend that they cannot compete with the State and therefore, suggest parity in salaries between the State and Non Governmental Organization (McKay 2003). Naidoo (2004) stated that there is a consistent brain drain as social workers leave the country for want of greener pastures. Moodley (2006) found that social worker vacancies exists in both the public and Non-Governmental Organizations resulting in managers' involvement in direct services in order to sustain service delivery.

It is against this backdrop that private practice in social work is escalating in South Africa. There are currently 11805 registered social workers in South Africa and 1895 of them are based in Kwa Zulu -Natal. There are 120 social workers in the Durban Metropolitan Area, Kwa Zulu-Natal practising private social work (South African Association of Social Workers In Private Practice: 2007).

A social worker in private practice is an individual, who works independently, offers his/her services for remuneration and is accountable to him/herself. The areas of expertise include the following:

- Therapy and counselling;

- Adoptions;
- Mediation;
- Legal investigations and reports;
- Support groups and networking;
- Improved productivity and quality of life through life skills training;
- Self-esteem advancement and coping skills;
- Youth protection programmes;
- Home visits'
- Employee wellness programmes;
- Stress management; and
- Training courses

It is within this context that this study aims to explore the experiences of social workers in private practice in the Durban Metropolitan Area, Kwa Zulu-Natal.

This chapter provides the rationale for the study, problem identification, research design, the aims and objectives as well as key questions to be answered in the study proposed.

## **1.2 RATIONALE FOR THE RESEARCH**

There is no local study that depicts the experiences, challenges, opportunities and benefits of social workers in private practice, as has been confirmed with the Human Sciences Research Council (2006). The Chairperson of the South African Association of Social Workers In Private Practice confirmed that a study of this nature has not been previously researched but nevertheless, there is an increase in the number of social workers registering as private practitioners. It is therefore important to explore their reasons and expectations in entering private practice. The Government, in the interim has offered better salary packages in terms of



salary and benefits in order to retain social workers in South Africa. However, there does not appear to be any partnership between the Government and social workers in private practice in terms of the recruitment and retention strategy.

Little is known about private social work in terms of the extent to which registered private social workers are able to conduct successful practices from which they could earn a living. In 1982, in a study undertaken by Wallace (1982), he concluded that the wide spread of information about private practice at that point has had certain consequences. Many social workers embarked in private practice began with little knowledge about the nature of the kind of practice, as did their predecessors decades ago. This is of relevance to social workers in South Africa embarking in private practice as little is known or documented on the same. Also, it is unclear as to who the social workers in private practice are, in terms of gender, age, race, economic level and experience. The social workers in private practice experiences in terms of opportunities, rewards and challenges have not been studied nor documented in South Africa. The researcher believes that it is a field that is less explored but, coloured by stigma for taking remuneration in exchange for a service. It is normal to many other helping professionals such as doctors, psychologists and psychiatrists to receive remuneration yet private social work is misunderstood.

Perhaps this study will elucidate the challenges, opportunities and benefits of private social work as mentioned above. It will also enable social workers entering the world of private practice to have realistic expectations based on the experiences, challenges, benefits and opportunities that could be afforded in private practice. According to Silver, Poulin & Manning (1997) as stated in Malherbe & Hendriks (2004), it is only recently that researchers have begun focusing on the job satisfaction of social workers. King & Botha, (1997) as stated in Malherbe & Hendriks

(2004), stated that people who choose the social work profession do so for altruistic reasons. According to Carrell et al (1998), the critical challenges faced by social work management are reduced staff turnover and job dissatisfaction. However, the job satisfactions amongst social workers in private practice have not been addressed in South Africa, as there is no available literature to support or refute this. This study specifically addresses the experiences of social workers in private practice in the Durban Metropolitan area, hence it would address a gap in knowledge. It would create an understanding and recognition of social workers in private practice, their challenges, opportunities and rewards in conducting their own enterprise. The career challenges and opportunities experienced by social workers in private practice will be documented, guiding emerging private practitioners towards effective and efficient private practices so that they do not make the same mistakes and consequently do things differently. This study will provide some valuable insight for future studies related to job satisfaction.

Historically, there were trends towards private practice in social work as early as 1895 when Mary Richmond was offered 3 dollars as remuneration for her service. The first noteworthy initiative towards private practice was made by a social worker in Philadelphia in 1926, but this was deemed unsuccessful due to objections from her landlord, difficulty in securing clients and non-acceptance by the professional organization. Siporin (1961) contended that social work could be practised as effectively in private practice as done in an agency. The increase in the demand for private social work became evident (Barker 1992). In 1962 the National Association of Social Workers, in America established minimum standards for private social workers, which included a Masters degree from an accredited school of social work and five years full time experience in the field of social work. In 1979 the South African Association for Social Workers in Private Practice (SAASWIPP) was established, as there was a

need for guidelines, monitoring and regulation for private practice in social work. SAASWIPP was subsequently constituted as a National Association and it currently has six provincial branches in Gauteng, Northern Province, Limpopo, KwaZulu Natal, Eastern Cape and Western Cape.

### **1.3 PROBLEM IDENTIFICATION**

Arising from the informal discussions held with social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal it has been noted that some of the problems that they encounter are professional isolation, role confusion between themselves and the psychologists, the community's lack of knowledge and misperception of the role of social workers in private practice, ensuring a regular flow of work, as well as accessing medical aid benefits. Private practice is also becoming a competitive field in the Durban metropolitan area as the numbers of private practitioners are increasing.

Private practitioners who attend the meetings of the SAASWIPP KwaZulu-Natal branch indicated to the researcher that they experience several challenges that have not been addressed as yet. Some of the challenges amongst others that they mentioned were professional isolation, difficulties with medical societies, marketing their practice and professional jealousy.

According to Roth (1983) as cited in Barker (1992), many overworked and underpaid agency social workers, think private practice is a more comfortable and rewarding option - "They are right. It is often a nice place to be, but it is also full of thorns, bees, frost warnings and manure". This study aims to either accept or refute the same. Private practice is a field that is tainted by dishonour for taking remuneration in exchange for a service. According to an article titled "Social work in Health Care" accessed in September 2008 social work has its roots in the struggle of

society to deal with poverty and the ensuing concerns. Therefore, social work is intricately linked with the idea of charity work. Even though there is a growing interest in private practice nobody has paid any attention to highlighting the challenges or successes of social workers in private practice.

#### **1.4 AIMS OF THE RESEARCH**

The main aim of the study is the exploration of the experiences in terms of opportunities, rewards and challenges faced by social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal. The study is also undertaken to assess whether other social workers in private practice are experiencing similar problems or not.

#### **1.5 OBJECTIVES OF THE STUDY**

The objectives are outlined as follows: -

- To identify the experiences of social workers in private practice;
- To ascertain the reasons for social workers getting into private practice;
- To examine the career challenges and opportunities facing social workers in private practice;
- To examine the support systems and professional development of the social workers in private practice in terms of the South African Association of Social Workers in Private Practice, Government and The South African Council for Social Service Professions; and
- To make recommendations to the Association of Social Workers in Private Practice, The South African Council for Social Service Professions and the Government in addressing the challenges facing social workers in private practice and are attempting to strengthen

relationships between the Government and private social workers for enhanced service delivery.

## **1.6 RESEARCH QUESTIONS**

- What are the experiences of social workers in private practice?
- What are the reasons for undertaking social work in a private capacity?
- What are the career challenges and opportunities experienced by social workers in private practice?
- What support systems exist? and
- What recommendations can be made to the South African

Association of Social Workers in Private Practice and the SA Council for Social Service Professions (SACSSP) regarding career challenges and opportunities for Social Workers in Private Practice?

## **1.7 ASSUMPTIONS**

It is assumed that private practice offers the private practitioner more opportunities in terms of flexibility, working directly on a one-on one basis with the clients, job satisfaction, decision making as opposed to working in a Non- Governmental organization. Some of the reasons that social workers consider entering private practice are because of the lack of work stress, better salaries and maintaining a healthy work/life balance. In addition some social workers prefer casework as opposed to adopting and working within the social development model. In terms of challenges it is assumed social workers in private practice experience professional isolation, financial uncertainty and stress related to individual, family and work. Further role confusion between themselves and the psychologists, the community's lack of knowledge and misperception of the role of social

workers in private practice, ensuring a regular flow of work, as well as accessing medical aid benefits are also considered challenges.

### **1.8 ANTICIPATED VALUE OF THE STUDY**

The study will generate inter alia:

- New knowledge since private social work in the Durban Metropolitan area has not been previously researched.
- It will highlight and give recognition as to what work social workers in private practice are doing.
- The study could be modified and replicated throughout South Africa in order to widen the scope and understanding of private practice in social work by other social workers or even the South African Association of Social Workers in Private Practice undertaking a study of a similar nature in their respective provinces.
- The career challenges and opportunities experienced by social workers in private practice will form a foundation on which social workers can make informed decisions when opting for private practice.
- It will also provide insight on the support provided by the South African Association of Social Workers in Private Practice, the Government and The South African Council for Social Service Professions against support requirements of social workers in private practice.
- It will offer professional development to the social workers in private practice, as their needs will be highlighted. Hence the South African Association of Social Workers in Private Practice would be guided as to what to focus on in terms of training and development for their members.

## **1.9 RESEARCH DESIGN**

A brief overview of the research design is presented in this chapter as this is presented in detail in chapter 3. According to Thyer, as cited in De Vos (2005) a research design “is a blue print or detailed plan for how a research study is to be conducted”.

The use of literature formed the basis of theoretical knowledge either confirming or refuting what has been obtained; it helped develop the emerging data and provided the researcher with background knowledge when constructing the measurement tool. The theoretical framework that guided the researcher was the ecosystems theory, which provides a cognitive framework for understanding the issue on hand. This approach helped the researcher steer holistically, taking into account all the factors that influence social workers in private practice.

This study used a descriptive design, as a study of this nature has not been previously researched and the experiences of social workers in private practice have not been highlighted.

In looking at the value of the study it is supported by Yegidis et al (2002) by stating that the data obtained would build a foundation for other knowledge building that will follow and that it is a beginning process to assist emerging private practitioners to do things differently or follow the manner in which those are already engaged in.

The research method used was qualitative. The technique of data collection used by the researcher was semi-structured interview schedules. The researcher aimed at yielding new insight and gained an understanding into the world of private practice. By utilizing this technique as supported by Rubin and Babbie (2005), who claimed that qualitative

studies provided “deeper understanding and new insights that might escape quantitative studies”. Data collection does not only provide details of what data will be collected and how it will be collected, but also constitute the basic information, from which conclusions can be drawn (Monette, et al, as cited in Motshumi 1997).

The researcher relied on the availability of social workers in private practice and therefore, non-probability sampling was used.

Since the qualitative approach was used, the data was interpreted by means of words, descriptive expressions and phrases. Some of the rich data extracted from respondents was reflected verbatim. However, certain information such as ages, areas of specialization, gender and personality types will be presented quantifiably where relevant. That took the form of percentages as illustrated in graphs and tabulations.

#### **1.10 ETHICAL CONSIDERATIONS**

- All necessary precautions utilizing social work skills were taken to ensure that the study did no harm to the respondents.
- The researcher clarified her role as a social worker in private practice from the Metropolitan Area of Durban, and that of Social Work Masters student.
- She ensured that all respondents were aware that the research was been conducted as part of her academic studies.
- The respondents were given sufficient and accurate information of the study and their informed consent was obtained prior to the study being conducted.
- People who had contributed to the study would be acknowledged.
- The findings of the study will be disseminated in the form of an executive summary to all respondents.



- The respondents were assured of confidentiality and respondents remained anonymous.
- The researcher was bound by the ethics of her professional body in carrying out this research.
- Finally, ethical clearance was obtained from the University of KwaZulu-Natal.

### **1.11 LIMITATIONS**

The possible limitations of the study were as follows:

- The study was restricted to social workers in private practice in the Metropolitan Area of Durban thereby reducing its generalizability. However, this study could be a pilot study for a larger study reaching private social workers nationally.
- The findings could not be generalized because non-probability sampling was used which is dependent on availability.
- Interviewer bias was possible since the researcher is in private practice.

### **1.12 DEFINITION AND ABBREVIATIONS OF CONCEPTS**

The concepts relevant to this research study were defined as follows: -

**SAASWIPP:** South African Association for Social Workers in Private Practice

**SACSSP:** South African Council For Social Services Profession

**SOCIAL WORKER:** is an individual who has a three-year degree or a four-year honours degree to practice social work and is registered with the

South African Council for Social Service Professions in accordance with the social Work Act, 1978 (Act 110 of 1978) to practise social work.

**SOCIAL WORKER IN PRIVATE PRACTICE:** According to the South African Association of Social Workers In Private Practice, a social worker in private practice is a social worker registered in terms of the Social Work Act (Act No. 110 of 1978), who offers his/her services for remuneration.

**PRIVATE PRACTICE:** entails exercising one's profession independently and the Board of Health Funders stipulate a recommended tariff structure.

**CODE OF CONDUCT:** set of rules based on social work ethics regulating the social worker's behaviour and conduct as defined by the South African Council For Social Services Profession.

**RDP:** Reconstruction and Development Programme

### **1.13 STRUCTURE OF THE REPORT**

The report comprised five chapters and was divided as follows:

#### Chapter One: Introduction and Background

This chapter provides the rationale for the study, problem identification, research design, the aims and objectives as well as key questions to be answered in the study proposed.

#### Chapter Two: Literature Study

This chapter presents a discussion on the origin, historical development of private practice, legislative and Policy Framework governing private practice, supportive networks and motivation to undertake private practice.

### Chapter Three: Research Methodology

In this chapter the research focuses on the theoretical framework and the research design used to conduct the study.

### Chapter Four: Results and Analysis

This chapter examines the results and an analysis of the data arising from study.

### Chapter Five: Discussion, Conclusion and Recommendations

In this final chapter conclusions are drawn from the study and recommendations are made based on those findings.

## **1.14 CONCLUSION**

This chapter provided a conceptual framework for the study. It answered the why, when and how. It provided grounding for the need for this study, as it would make a contribution to the understanding of the private social work. Although there are limitations, this was outweighed by the value of the study. The ethical considerations governed the execution of the research study. Chapter two provides the literature study on which the study was based.

## **FUNDAMENTAL ISSUES AFFECTING SOCIAL WORKERS IN PRIVATE PRACTICE**

### **2.1 INTRODUCTION**

According to Holloway (2005) the use of literature has a number of purposes; inter alia:

- It can enhance theoretical sensitivity to the data,
- The ability to determine what is or is not important to the emerging theory;
- When incorporated into the study, it confirms or refutes ideas emerging from the data;
- Questions or ideas from the literature are also sought in the data to extend the theory; and
- It helps develop the emerging theory.

This chapter will outline the origin of private practice as well as the history of social work in private practice. An important aspect that governs social workers, i.e. the legislative framework, it impacts on social workers in private practice will be discussed. Thereafter supportive systems and the motivations to undertake social work in private practice will be highlighted.

### **2.2 ORIGIN OF PRIVATE PRACTICE**

In 1895, Mary Richmond, one of the major founders of professional social work, accepted 3 dollars for her services. This was a small but a momentous incident in the growth of private practice as she accepted payment for social work services. Richmond as cited in Barker (1992) indicated that social casework was developing rapidly and in 1922 predicted that private practice could grow when rendering social casework services to the rich. She

indicated that the numbers of private practitioners was growing and the nature of the practice was changing, whereby, they were working with a much wider range of agencies and other providers such as engaging in managed care, health maintenance organizations. In relation to the South African context, changes in the nature of services can be traced back to Goldstein in 1990. Goldstein (1990) as cited in Gray (1998) and Holscher (2001) indicated that social workers during the 1920s /1930s became less interested in social reform and increasingly interested in counselling and in working with people of a higher social standing. Their problems were identified as lying more on a psychosocial level. This led to the emergence of new specialisations such as medical, psychiatric social work and child welfare.

This has bearings on the implications for private practice. Private practice had its beginnings in the late 1990s as the fields of service for private practitioners according to the South African Association of Social Workers in Private Practice, included Child and Family, Medical, Industrial/Commercial/ Management, Education/ School and Legal.

According to the National Association of Social Workers, in America the minimum standards for a social worker's entry into private practice was endorsed in 1962. According to the minimum standards to become a sanctioned private practitioner, one had to have a Master's degree from an accredited school of social work; be professionally certified by the Academy of Certified Social Worker's (ACSW) and have a minimum of 5 years of acceptable, full time, supervised agency employment. The supervision and experience had to be in the speciality of one's private practice as stated in Barker (1992). Whilst in South Africa, all private practitioners have to be registered with the SA Council for Social Service Professions (SACSSP) and the South African Association of Social Workers in Private Practice in order to practice social work in a private capacity.

Fizdale (1961 as cited in Barker 1992), a prominent private practitioner and writer declared to the National Conference on Social Welfare in 1961, that with the increase in demand for private practice in social work there will be a need for the profession to develop systematic and enforced standards.

Social work can be better understood when it is broken down into its two parts. "Social" from the Latin (*socius*), meaning member, friend, or ally refers to human society, its organization, or people in general. "Work" from the Old English (*weorc*) and German (*wer*) meaning to complete a specific task or transitively to influence, effect, or improve by varying degrees. It is a social science involving the application of social theory and research methods to study and improve the lives of people, groups, and societies. Social work is unique in that it seeks to simultaneously navigate across and within micro and macro systems in order to sufficiently address and resolve social issues at every level and economic status (but especially among the poor and sick). Social work incorporates and utilizes other social sciences as a means to improve the human condition and positively change society's response to chronic problems.

Social Workers are concerned with social problems, their causes, their solutions and their human impacts. Social workers work with individuals, families, groups, organizations and communities. Social Work is the profession committed to the pursuit of social justice, to the enhancement of the quality of life, and to the development of the full potential of each individual, group and community in society

Social work, as a profession or pursuit, has a relatively modern origin. However, the concept of working to correct social ills with a comprehensive approach is an age-old idea. Social work has its roots in the struggle of society to deal with poverty and the resultant problems. Therefore, social work is intricately linked with the idea of charity work (<http://www.Scotland.gov.uk/publications/2005/12/1994633>).

## **2.3 HISTORICAL DEVELOPMENT OF PRIVATE PRACTICE IN SOUTH AFRICA**

According to the South African Association of Social Workers in Private Practice, a group of Social Workers (SAASWIPP), dedicated to the social work profession, decided to apply their entrepreneurial skills and to create a niche for them in the private sector. SAASWIPP was founded in 1979 to draw up guidelines for and to co-ordinate social work in private practice. SAASWIPP was constituted as a National Association. This is very much in keeping with a number of countries and jurisdictions, whereby registration or licence of people working as social workers is required and there are mandated qualifications. The professional association sets academic and experiential requirements for admission to membership. The success of these professional bodies' effort to establish these requirements is demonstrated in the fact that these same requirements are recognized by many employers as necessary for employment ([http://wwwpsychology.wikia.com/wiki/social work](http://wwwpsychology.wikia.com/wiki/social%20work)).

## **2.4 THE SOUTH AFRICAN ASSOCIATION OF SOCIAL WORKERS IN PRIVATE PRACTICE**

The South African Association of Social Workers in Private Practice (SAASWIPP) is an association for social workers in private practice. It functions to co-ordinate and promote the members' professional activities and to set and maintain professional standards. The South African Association of Social Workers in Private Practice is an organization, which was established in the late 1970s for social workers in private practice. Its purpose was to regulate, set and maintain standards of practice and guidelines for ethical and professional conduct as well as to co-ordinate all aspects of social work in private practice.

The mission of SAASWIPP is to serve the interests of social workers in private practice. This is achieved through the following guiding principles:

- Coordinating all aspects of social work in private practice;
- The development and promotion of practice guidelines for social workers in private practice;
- Determining and guiding standards for ethical and professional conduct in private practice;
- Ensuring that the minimum standards for practice and ethical conduct are maintained;
- Setting standards for the level of education, training and experience of social workers in private practice;
- Providing support and peer review to social workers in private practice;
- Facilitating and contributing to the continued professional development of social workers in private practice; and
- Enhancing and promoting the image of the social work profession in general and in particular the significance and worth of social workers in private practice (South African Association of Social Workers in Private Practice)



**TABLE 1**  
**STATISTICS OF SOCIAL WORKERS RECEIVING ACCREDITATION AS**  
**PRIVATE PRACTITIONERS**

	2006	2007	October 2008
Accredited (full membership)	122	118	109
Associate (membership under supervision)	7	7	3

As reflected in Table 1 statistics has been reviewed for the past three years. There have been 122 social workers that have received full accreditation and 7 associate memberships for the year 2006. In 2007 118 social workers received accreditation as full membership whilst 7 received associate membership. Until October 2008 there were 109 social workers that received full accreditation and 3 associate membership.

## **2.5 LEGISLATIVE FRAMEWORK**

In discussing the legislative framework the researcher would like to understand how legislation is impacting on the thoughts, views of themselves as social workers in private practice.

### **2.5.1 The Constitution of the Republic of South Africa (Act 108 of 1996)**

The Bill of Rights enshrines that all must uphold the rights of citizens. Cognisance is taken of the fact that social workers have individual rights as outlined in Chapter 2 of the SA Constitution, Act 108 of 1996. As professionals, social

workers therefore, have the right to be treated with dignity, respect and equality. Social workers also have professional rights that need to be protected. Social workers therefore, have the right to join any Professional Association providing that it does not harm or undermine the rights of others. They must respect the dignity and worth of individuals, families, groups and communities and strive towards providing quality services. Practitioners strive to uphold and protect the fundamental human rights of client systems and themselves.

## **2.5 2 The Social Services Professions Act No. 110 of 1978**

This Act made provision for SACSSP to social workers in private practice to be regulated. Section 27(l) (a) of this Act provides the mandate to social workers in general and those in private practice to enact the Code of Ethics and comply with legislation, policies and procedures. They should be familiar with the procedures relating to ethical conduct. These include the policies and procedures developed by the S A Council for Social Service Professions (SACSSP). Social workers should also defend and assist colleagues who are unjustly charged with unethical conduct.

Depending on the specialized field that the private social worker engages in, she will have to align her practice with the relevant legislation for example the Child Care Act No 74 of 1983 pertaining to issues of children, Probation Services Act, No 16 of 1991, Prevention of Domestic Violence Act No 116 of 1998, Criminal procedures Act No 51 of 1977 and Divorce and Mediation Act No 70 of 1979.

### **2.5.3 SACSSP CODE OF CONDUCT OF SOCIAL WORKERS IN PRIVATE PRACTICE**

All social workers have to be registered with the SA Council for Social Service Professions (SACSSP) in order to practice social work. This binds

them to practice ethical behaviour according to the code of ethics and holds them accountable for their behaviour.

Social workers in private practice are expected to be even more responsible and accountable, because of their additional affiliation to other professional associations. This includes the SA Association of Social Workers in Private Practice (SAASWIPP), the SA Occupational Social Workers Association and the SA Marital and Family Therapy Association.

Failure to adhere to the norms and standards of the abovementioned professional associations can, and does result in termination of social workers' membership of these associations.

Ethics serve as the core of any profession, including social work. The code of ethics as stated by the *SACSSP* for social workers sets forth values, principles and standards to guide social workers' conduct. They provide guidance when faced with ethical challenges and are relevant to all students practising social work to qualified social workers irrespective of their status. The code of ethics helps to guide and regulate the behaviour of social workers providing services in all spheres of practice. It will further serve as a guideline to practitioners in carrying out their daily professional duties.

The purpose of the code of ethics is as follows:

- “To identify core values on which social workers' missions are based.”
- “To summarise general ethical standards as well as specific principles that reflect the professions' core values.”
- “To help social workers identify relevant considerations when conflict or ethical uncertainties arise.”

“To provide ethical standards for which social workers could be held accountable.”

“To orientate new practitioners on the mission, values, ethical principles and ethical standards.”

“To enable social workers to engage in self-assessment of whether or not their conduct is ethical.”

According to Mrs. M. Maskell (founder member of SAASWIPP), at a workshop presented in February 2008, Kwa-Zulu Natal Branch of SAASWIPP stressed the importance of ethics. SAASWIPP consider ethics, as an integral and absolutely imperative aspect of the Association and which cannot be over-emphasized. The reputation of the private practitioner is vital as the practitioner has one chance only.

The following are some of the aspects that social workers must adhere and prescribe to as stipulated in the SACSSP code of ethics:

### **(1) Respect for people’s worth, human rights and dignity**

“Social workers in private practice must respect the dignity and worth for individuals, families, groups and communities and strive towards providing quality services. Practitioners must always strive to uphold and protect the fundamental human rights of the client systems as well as for themselves.”

### **(2) Competence**

“Although social workers try to maintain high standards of competence, they recognise their limitations and boundaries. Social workers are required to exercise careful judgement and to take appropriate precautions to protect

client systems. Continuous evaluation and development is essential to ensure good quality services and efficiency.”

### **(3) Integrity**

“Social workers need to always behave in an honest manner. It is vital for the social worker to be aware of his/her belief systems, values, needs and limitations and how it can influence their work. Social workers work towards the maintenance and promotion of high standards of practice. Social workers contribute time and expertise to activities that promote the value, integrity and competence of the social work profession. The role of the social worker is to prevent unauthorised and unqualified persons from practising social work.”

### **(4) Professional Responsibility**

“In addition to being bound by the Code of Ethics social workers in private practice are expected to be even more responsible and accountable. The reason being that their affiliation to other Professional Associations, whose aim it is to promote the best interests of their clients”.

### **(5) Show concern and care for others’ well being**

“Social workers recognise the importance of human relationships. They do not exploit or mislead other human beings during or after termination of a social work relationship. They engage people as partners in the helping process and seek to strengthen relationships among human beings in a purposeful effort to promote, restore, maintain and enhance the well-being of individuals, families, groups, organisations and communities.”

## **(6) Service delivery**

“In addition to being bound by the Code of Ethics, social workers in private practice must always enhance and promote the image of private practice as it provides services of high professional standards.”

### **2.5.4 CONSEQUENCES OF VIOLATING THE CODE OF ETHICS**

Social work duties should be carried out in a manner that complies with generally accepted standards of practising the profession. Failure to do so could be regarded as unethical.

A social worker's behaviour must not undermine the prestige, status and dignity of the profession, or be detrimental to the position of the social worker or the profession as such, for example:

- i) Dishonesty: Being guilty of, participating in or associating with dishonesty in the execution of social work duties could be regarded as unprofessional behaviour,
- ii) Acceptance of bribes and
- iii) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague concerned. Such discussions are likely to be productive and results are positive. Social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting the regulatory body, other social work ethics committees and/or social work associations).

The researcher's understanding of ethics is that it defines who one is and how one practices social work. Should a social worker or private practitioner deviate from the ethics of the profession, it does not only expose the social worker or private practitioner to considerable risk it exposes the client as well.

### **2.5.5 SOCIAL WELFARE POLICY**

The social work profession in South Africa has a critical role to play in the sustainable development of the country. South Africa in adopting a social developmental model stressing greater participation on the part of social workers with regard to social policy and planning, programme evaluation and community organisation. Gray, cited in Malherbe (2004) states that changing practice environment has certain implications for social workers as they need to surpass their conventional casework roles and make greater impact on the problem of mass poverty, unemployment and social deprivation through greater use of varied social work methods such as advocacy, community development, empowerment, consultation, networking, action research and policy analysis. In considering the very nature of social work and its broad field of service, there are other issues that require repositioning of social work (Weyers 2002). While there are critical challenges and a great emphasis by the Government on service delivery by social workers, keeping in line with social development, Naidoo (2004) asserts that the social work profession and the welfare system in South Africa are struggling with the question of survival and relevance.

#### **2.5.5.1 The Reconstruction and Development Programme**

In order to address social development needs, the Government established a national social policy framework in 1994 i.e. the Reconstruction and Development Programme (RDP), which focused on the following 6 principles:

- Integration and sustainability of the programme;
- A people driven process;
- Promoting peace and security;
- Building the nation;
- Meeting basic needs and building infrastructure; and

- Democratising the society.

The principles of the RDP emphasized the partnership between government and civil society; capacity building amongst formerly marginalized people and institutions, the interrelatedness between social and economic development and the need to pay special attention to women, youth and the elderly and rural communities. In looking at the RDP, the social development model and goals of social work all have the common purpose to improve the quality of life for people, individuals, groups, communities and societies through social interventions. Embodied in the RDP is the Government's Social Development plan, which the researcher will now discuss.

#### **2.5.5.2 SOCIAL DEVELOPMENT**

According to Patel (2005), "social development is considered to be multi-disciplinary and cuts across sectors such as health, education, economic development, social security and welfare services." The developmental approach to welfare services is seen as the sensible and proper relevance of knowledge, skills and values to enhance the well being of people. The intention of this approach was to modernise the welfare system to be more just, impartial, participatory and appropriate in meeting the needs of all South Africans. The Government believes that the delivery of developmental social welfare services is dependent on the mutual partnerships between the state and the voluntary sector. These collaborative relationships with all stakeholders viz. individuals, families, groups, organizations, communities, non-governmental organizations, and the private sector to meet its core purposes. The initiatives of voluntary organizations can be traced back to the early 20<sup>th</sup> century and were conceived as substitute or progressive welfare services that addressed those that were ignored (Patel, 2005). However it must be noted that these partnerships are in crisis due to inadequate funding and that government is seen as authoritarian whereby these organizations funded by



the government are required to realign their programs with the government's new priorities without due consideration to their priorities.

The capacity of social workers needs to be expanded through the employment of other categories of personnel such as auxiliary social workers, development workers, child and youth care workers, and volunteers. This is clearly stated in the White Paper for Social Welfare ([www.gov.za/whitepaper/1997](http://www.gov.za/whitepaper/1997)) where specific reference to personnel employed is mentioned. More than half of the welfare personnel were social workers. However, in order to address the social development needs alternate personnel had to be employed. Developmental service delivery functions is redefined to include, among others, the increased use of peer and lay counselling services, group and community development strategies, community education, and rehabilitation. Other service functions include community advice and information services, the strengthening of community networks and support systems, services and support at household level promoting sustainable livelihoods, and linking social assistance and development strategies. Capacity building and the provision of employment support through specially designed public works and micro-development is also promoted. Program priorities are set and include service rendering to women, children, youth and families, the elderly, people with disabilities and special needs such as mental health, substance abuse, crime prevention programs through the development of restorative justice and services to people with chronic illnesses and HIV/AIDS.

The dominance of casework as a method of social work and the over-reliance on rehabilitative and protective services was challenged as inappropriate. The new policy advocated a balance between rehabilitative and protective services on the one hand, and preventive and developmental programs on the other (Gray, 1998; Patel 2005). This then leaves one to ask the question what about those who can afford to pay for services, no mention

is made of them and what is available as private practitioners are not acknowledged anywhere in legislation.

The social work profession has been criticised for focusing on remedial rather than development, on the individual rather than on social change and on social control as opposed to poverty alleviation. Both social development and social work recognize the rights of people to have access to resources to meet their basic needs and to participate in maintaining and controlling these resources. Both approaches focus on the eradication of poverty and the enhancement of people's well being. The question asked is why then are social workers marginalized?

#### **2.5.5.3 WELFARE IN THE ERA OF PRIVATISATION AND NEO-LIBERALISM**

According to Holscher (2001) with the implementation of neo-liberalism policy corporate capital began to articulate ever more clearly a range of demands directed at Government policy, which unless met, would challenge and scare off successful local investment. In order to address this, the capital's release from the state was in the form of over-taxation and over-regulation and from the union's point it was in the forms of restrictive practices. The 3<sup>rd</sup> world countries had to agree to neo-liberal order to prevent greater economic marginalisation. The policies had to make "economic sense" in order to be regarded as the only viable bases on which to maximise "welfare" for all. Hence all other policies must be second to the economic policy.

According to Patel (2005), neo-liberal solutions relying on market fundamentalism and minimal government intervention as well as the state were rejected as inappropriate in addressing the developmental needs of the society. South African policy makers took account of welfare policy shifts

internationally away from Keynesian social democratic policy options toward a neo-liberal paradigm.

According to Sewpaul and Holscher (2004), their critique of the Financing Policy from a neo-liberal and post-modern stance argued that the financing policy worked against the transformation goals of social welfare. The use of business terms such as accountability, efficiency, monitoring reporting mechanisms of government funded programmes resonate with managerial and market discourses that have emerged in the first world. The lack of available funding for welfare services is both “coercive and disempowering to both the social work profession and its client systems”. The Policy has implication for social workers as expressed by respondents in Holscher’s study (2001). Respondents indicated that their roles were changing from being person-centred to rationalizing and the focus is on survival as opposed to serving the needs of clients.

The principle of privatisation in social welfare as discussed by Patel (2005) implied limited state responsibility for social services in line with conservative welfare thinking. The Government argued that South Africa is not a welfare state. Government encourages community and individual responsibility for meeting needs through market mechanisms, emphasizing volunteerism, mutual aid and reciprocity between providers and consumers and fee for services and private social work. The following aspects of welfare have been affected which has relevance to social workers in private practice:

- The personal social services;
- Changed basis for subsidization; and
- Welfare in the private business sector

### **i) The personal social services**

Social workers in full-time state employment are excluded from consideration, as they are unlikely to be candidates to be included in the privatisation programme.

The main non-governmental employers for the personal social services are registered welfare organizations. The government is shifting towards privatisation of the personal social services in two ways. Firstly, it is advocating fee-for-service for social work practitioners and secondly it has changed the basis of its subsidisation of welfare organizations. In terms of welfare needs in the overall South African context, the vast majority of clients will not be able to afford fee-for service.

While the government intends to encourage fee-for-service, the reality for welfare organizations is that they are being increasingly called on to provide material assistance and relief.

### **ii) Changed basis for subsidisation**

'From posts to programmes' captures the radical shift in the basis of government subsidisation of welfare organizations. Previously the Government subsidized a major portion of social workers salaries as well as the administrative costs of welfare organizations. Welfare organizations submit motivations for programmes in order to receive funding. The Government is saying to welfare that they have to work harder to receive a slice of the limited welfare budget as well as to approach the business sector for funding of programmes.

### **iii) Welfare in the Private Sector**

Demands on the private sector to make more provision for employees' welfare needs stems from two sources: the Government and the trade unions. The former has called for contributory pension schemes and employee assistance programmes. The objectives of employee assistance programmes: whilst ensuring production simultaneously maintaining effective functioning of the employee as worker and as head of households and family, the prevention of social dysfunctions and the maintenance of healthy and stable community and the early identification of employees with problems to be assisted timeously.

The welfare sector has been warned that the welfare pie will not increase and that existing resources will have to be better managed. Further welfare organizations will have to argue more strongly to get their subsidy and are expected to 'sell' particular programmes to the private sector. Concurrently the government has again refused to allow donations to be tax-deductible. Thus it would seem that the voluntary welfare sector would be hard to push to shoulder much for responsibility for welfare than it is presently taking. The new basis of subsidisation will disadvantage the less organised, less articulate, smaller welfare organizations.

The implication then, when one looks at the Finance Policy and the tendering process – the scope for private practitioners, in a closed corporate would be in a position to tender for services. Funding however, according to Holscher (2001) will be based on the submission of business plans and the conduct of performance audits as well as the introduction of contractual agreements, which will be reached after a tendering process. Such steps are believed to be able to provide the motivating force for organisations to upgrade their financial management, administrative systems, organisational structures and management styles, which have been identified as "inappropriate".

However, the Government does not recognize the relevance of social work services of private practitioners as their services are not in keeping with community development which the Government considers to be relevant and appropriate to the South African context since it is an approach which emphasizes change through advocacy and empowerment of the people (Patel 2005). This once again reiterates the reasons why the Department of Social Development does not recognize private practitioners. This argument is further supported as social workers in government departments are marginalized.

The welfare services budget is made up of two components: social assistance being allocated 90 percent, and social welfare services receiving 10 percent of the total budget (The Republic of South African National Treasury, 2001). In view of the increases in social assistance and the introduction of new programs, welfare services' funding has in fact declined in many provinces. This has been detrimental to the delivery of services. The Welfare Services component of the budget is severely under-funded, hence will not be able to meet the constitutional, legislative and new developmental welfare policy mandate. Increased social security expenditure has resulted in "crowding-out" of welfare services and this has hampered progress in the achievement of the Government's developmental Welfare services goal (Patel 2005).

Cutbacks in subsidies to nongovernmental organizations, serious financial problems, which have resulted in staff cutbacks and lack of expansion in human resource capacity without a concomitant reduction in the demand for services. From Naidoo's study (2004) it can be ascertained social workers are being marginalized and given low priority on Government agendas and that lowly paid social work professionals are unhappy and discontented.

#### **2.5.4 IMPACT OF GOVERNMENT'S SOCIAL POLICY ON SOCIAL WORKERS IN PRIVATE PRACTICE**

According to Gray (1996) as cited in Gray (1998) a culture of human rights was established to inform the whole social work process within the development model. This has implications for social workers especially when they fulfil their roles of social control. When considering the client's access to social work records, the role of the social worker in the case of conflicting rights of family members and the accountability of the social worker to the community are only but a few of the new issues that will need to be debated. The responsibility of the social worker in informing clients of their individual rights, for instance is unclear.

Goldstein (1990) as cited in Gray (1998) found that a dominant feature of the development model is the link between social and economic development. Translated into micro practice this could be operationalised as choosing empowering and participatory approaches, where clients and families are encouraged to be in command of their own development. The social worker would focus on strengths rather than "pathology" and work to build naturally existing community support systems rather than encouraging dependency on professional services. This would require a client-centred approach and close co-operation with other community structures. Clients and families would be empowered to solve their own problems and to become financially self-sufficient.

With the move away from institutional care for the elderly and other vulnerable groups, the family will have to deal with additional stresses. Institutions on a contractual basis could employ social workers in private practice.

With the government acting as a “safety net” in the provision of services to those who cannot either provide for themselves or be supported by other institutions the researcher goes back to the question: who then should provide services for those who can afford it and require it?

Since social workers in private practice do not have the appropriate business and financial skills they are disadvantaged.

According to Gray (1998) if social development goals are to be met, full recognition should be given to the importance of the individual and the family. Social workers always encourage clients to help themselves and this is the thrust of social development. Further she stressed that the developmental social welfare approach creates the notion that social work has to move away from being purely therapeutic to rehabilitative, preventive and restorative. Social workers in private practice can work according to an eclectic approach.

## **2.6 MOTIVATION FOR UNDERTAKING SOCIAL WORK IN PRIVATE PRACTICE**

Social work practice has undergone major reformation several times in its relatively short history but invariably when the crisis ends, the interests of social workers return to psychotherapeutic modes of work.

The idea that the purpose of social work is “to help the person in his situation” is the foremost and longest standing tenet of the profession. The central idea of Mary Richmond’s study (1895) (diagnostic-treatment approach) was based on a medical model of practice and “inherent in the model was a focus on individual process which ignored the social context in which they are imbedded... which resulted in a greater focus on the person than on the situation” (Barker 1992).



The general public is developing an awareness of the unique expertise of private social workers. There is a willingness to pay for social work services through the private practice model. Further, within the multidisciplinary team approach, doctors and psychiatrists refer clients to the private practitioner should they feel that the services that they provide does not fall within their professional scope. This is congruent with the present study that by occupying rooms at a Medical Centre, other health professionals referred clients to respondents. This study aimed to either accept or refute the same.

## **2.7 BENEFITS OF PRIVATE PRACTICE**

There are many attractive aspects of being in private practice, as compared to working for an institution. One of the benefits of being in private practice is **flexible working hours**. The following studies by Surajnarayan (2002) found that women managers who had flexible working arrangements enjoyed a healthy work / life balance accommodating both work and family needs. Social work being a female dominated profession the need to balance work / life which is supported by Martin (2008) in her study of psychologists in private practice who found that those psychologists who work less, spend more time with their children. Instead of enrolling the kids in five after school activities, maybe they will pick just two, and there will be more time together around the dinner table ensuring a work / life balance.

Walfish and O'Donnell (2008) conducted a study with psychiatrists, psychologists, clinical social workers, marriage and family therapists, and professional counsellors related to practice satisfaction and practice stress. Respondents rated flexibility of hours very highly. Barnett and Henshaw (2003) as cited in Walfish and O'Donnell (2008) found that psychologists in private practice welcomed the **ability to decide on the number of hours they chose to practise**.

Another benefit of being in private practice is the **professional / independent autonomy**. Studies by Barnett and Henshaw (2003) as cited Walfish and O'Donnell (2008) in their study of psychologists in private practice mention the benefits of private practice to include being one's own boss, control over business decisions, and full responsibility for success of their practice. In a national study undertaken by Whitaker, Weismiller and Clark (2006) amongst licensed social workers found that 56.8% of the respondents to either have their own solo practice (44.9%) or to be part of a group practice (11.9%). Their study concluded that the advantages of having a solo practice or being part of a group practice was that the respondents enjoyed professional autonomy

Rupert and Morgan (2005) as cited in Walfish and O'Donnell (2008) examined the relationship between work setting and burnout among a large sample of professional psychologists. They found that both solo and group independent practitioners reported a greater sense of personal accomplishment than those psychologists working in agencies.

It is clearly evident from the studies some of the benefits of private practice amongst health care professionals are flexible work hours, professional autonomy and financial rewards in terms of effort that one puts in.

## **2.8 CHALLENGES OF SOCIAL WORKERS**

This section will be discussed in two parts; challenges of being in private practice and challenges of social workers in the public and private sectors.

### 2.8.1 CHALLENGES OF SOCIAL WORKERS IN PRIVATE PRACTICE

In addition to the benefits and rewards of private practice, social workers and health care professionals are also confronted with challenges.

The studies included by Walfish and Walraven (2005) as cited in Walfish and O'Donnell (2008) of psychologists in private practice had found that psychologists experienced many challenges as follows:

- **Benefits received from professional organizations** - respondents indicated that they do not have any benefits viz. they do not belong to a medical aid society, do not belong to a pension fund and do not receive a 13<sup>th</sup> cheque.
- **Variable level of income** – there is no stable income on a monthly basis. Their income is dependant on the number of interviews that they had for the month. The delays in payments and non-payments by clients as well as the lengthy administrative process of accounts by medical aid societies impacts on the levels of respondents' income.
- **Balance between professional and personal life** – respondents indicated that being in private practice resulted in a spill over of work into one's family life. They indicated that they are forced to see clients after hours and over week-ends because of the pressure of attracting sufficient business due to the practice being the only source of income, there are a large number of private practitioners who operate a home office, which blurs the boundaries between family and work life.
- **Stress and burnout** – is another major challenge. As a result of all these challenges psychologists in private practice experienced stress and burnout.

Walfish and O'Donnell (2008) conducted a study on practice satisfaction amongst Health Care Professionals. They found that Health Care Professionals in private practice experienced stressors that emanated from the following:

- **Time pressures** – respondents indicated that by being in private practice one does not have relief staff to assist one when one becomes ill, attends workshops and conferences or goes away on holiday. Urgency of cases in terms of court dates and clients expecting efficient service delivery results in time pressures.
- **Economic uncertainty** – Health Care Professionals indicated that they could not afford to take sick leave or long holidays, as they would not receive an income. They do not receive a stable income on a monthly basis
- **Caseload uncertainty** – Health Care Professionals are uncertain of the number of cases that they will have for a particular month. Further to ensure that they have sufficient work they accept all the cases that are referred to them.
- **Business aspects** – Respondents expressed concern that they do not have the necessary training in business and financial management to manage the business aspect of their practice as efficiently and effectively as possible. They stressed that they are health care professionals and not business oriented professionals.
- **Excessive caseloads** – Health Care Professionals do not want to turn away cases as it has financial implications for them.

### **2.8.2 CHALLENGES OF SOCIAL WORKERS IN THE PUBLIC AND PRIVATE SECTORS**

This section was considered important to incorporate to assess whether social workers in Public and the Private Sectors also experience similar challenges as those in private practice. Social workers that are employed in

the Public and Private Sectors experience many challenges. They work with clients from disadvantaged backgrounds, marginalized and the vulnerable. As a result of the demanding nature of their work, it is emotionally draining on them. Working in the Public and Private Sectors these social workers do not have a choice in the selection of their cases or clientele. This is a major challenge. In a study conducted amongst clinical social workers Koeske, Lichtenwalter and Koeske (2005) found those who were most highly involved in working with the poor desired less involvement (due to feeling demoralized) had aspirations of working in private practice with motivated clients. Majority of social workers in Public and Private Sectors prefer being in private practice as they consider it an opportunity to work with clients who are amenable to change and transform their lives in a way.

Moodley (2006) highlighted the following challenges with social workers in non-governmental organizations and the Department of Social Development in rendering services to children at Children's Homes in the metropolitan of Durban:

- The shortage of social workers and limited scope for upward mobility, and
- Lack of job satisfaction hence social workers were prepared to move jobs.

These findings are similar with the findings of research among social workers that emigrated. Even though the circumstances are different and the respondents' from Naidoo's study (2004) emigrated, the reasons for leaving their previous places of employment are similar. Some of the challenges facing social workers as outlined by Naidoo (2004) are:

- **Inaccessible or absent resources** – social workers do not have access to computers, adequate furniture and cell phones. Agencies do

not have enough vehicles. Work has to plan around the availability of the vehicles. Social workers have to travel by public transport to attend meetings and workshops. They are in want of these resources to ensure that they provide an efficient and effective service delivery.

- **Agency vehicles** that are not road worthy pose a risk to social workers when undertaking home visits especially in rural areas. Should their vehicles break down they have no means of contacting the office for assistance, as they do not have cell phones.
- **Unfavourable office buildings** – social workers share offices, which go against the principle of confidentiality. The office buildings are in a state of disrepair and pose a concern for the safety of the social workers.
- **Concerns for safety and security** – whilst social workers were undertaking home visits they were hijacked. The conditions of their buildings pose a security threat to them in that they are not safe and secure.
- **High caseloads exacerbated by staff shortages and high staff turnover.**
- **The lack or inadequate supervision and lack of staff development programmes.**
- All the challenges mentioned above result in **stress and burnout**.

Similarly Stanley, Manthorpe and White (2008) conducted a study on depression amongst social workers. They found that the nature of their and their work environment resulted in stress and depression amongst social workers. The respondents stress was further exacerbated at that time of shortages in the profession in the UK.

Similarly in a study undertaken by Gathiram as cited in Naidoo and Kasiram (2004), she found that many experienced social workers were frustrated, citing stagnation and upward mobility as reasons for leaving the South

African workforce. Even though the respondents left the workforce their reasons for leaving were similar to that of the present study.

Surajnarayan (2002) found in her study that inflexible working hours as a constraint, incompatibility of work and home schedules was mainly a problem-affecting respondents with children. One of the constraints identified by the majority of the respondents [77%] was that the fixed starting times and finishing times at work did not coincide with the times at schools and day care centres. Balancing work and family was a source of conflict and stress amongst respondents.

The Minister of Social Development Dr. Zola Skweyiya (International Schools of Social Work Congress, 28 July 2008, Durban, Kwa- Zulu Natal) acknowledges that “social workers put in long hours, work with huge caseloads, sometimes in testing physical conditions, in remote areas, often with minimal resources. Social work is a thankless profession, one in which the more you work, the more you feel you have done nothing given the volume of work” (<http://www.info.gov.za/speeches/2008>).

According to Noyoo (2000) one of the present challenges for social workers lies in extricating itself not only from the colonial legacy but also from entrenched obstacles such as lack of finance in Government ministries and Welfare organizations, the brain drain and political instability all of which undermine social work practice.

Gray and Van Rooyen's (2000) study on political participation of social workers in KwaZulu-Natal revealed that social workers are perturbed with the lack of recognition they receive and status relative to other professions. Most social workers were found to be frustrated and de-motivated.

Ramsden (2006) indicated that whilst British Social Services regard South African social workers as competent and highly professional, they should receive the same professional status in South Africa. However the profession is losing social workers. It is argued that social workers have invaluable knowledge and skills. The profession needs to survive and cannot afford to lose social workers. The pool of social workers needs to be augmented.

In view of the above large numbers of social workers have left the country and the profession to pursue other interests, rather than using their skills for the betterment of society.

Social Workers are increasingly viewed as a strategic resource in addressing the needs and challenges of society. They have the appropriate training and skills to deliver effective services to society. Their diverse knowledge and skills make them a resource to all levels in society.

There seems to be a critical problem with the recruitment and retention of social workers to the profession. This can be attributed to the availability of more lucrative offers either in other sectors within the country as well as internationally. Further globalisation, has afforded social workers the opportunity to seek employment internationally. Whilst globalisation is considered to present great prospects for human advancement as can be observed with social workers, serious concerns have been raised. Of particular importance is the meaning for social care and caring labour. The importance of human ties, networks of social relations, trust and the sense of identity and belonging that is engendered from being part of a community are considered critical to human development (Patel 2005).

Social work services in South Africa has undergone major transformation since 1994 with the acceptance of South Africa back into the international arena, the social work profession has not escaped the process of



globalisation and the extensive recruitment policies of the international agencies. It is recognized that social workers in South Africa are well trained and there's an increasing demand for their skills. As early as 2003, the scarcity of social workers was recognized. Hence in August 2003, a mandate was issued that a recruitment and retention strategy for social workers be developed. The Department of Social Development has made the recommendations with regard to recruitment of social workers. However, the Department of Social Development fails to recognize the relevance that social workers in private practice can contribute to the profession of social work. (The National Recruitment and Retention Strategy March 2006).

### **2.8.3 CONCLUSION**

The chapter examined the origin of private practice, historical development of private practice in South Africa, the South African Association of Social Workers in Private Practice, legislative framework and its impact on private practitioners. In addition rewards and challenges were looked at so as to place it in its proper perspective in relation the study.

It can be concluded that whilst private practice has a long history overseas in South Africa it is a relatively new phenomenon. The South African Association of Social Workers in Private Practice is an association for all social workers in private practice to coordinate the work pertaining to social work in private practice. Should SAASWIPP not have been performing such a pivotal function, social workers in private practice will be experiencing difficulty and not be given the recognition that they receive.

It is mandatory for social workers in private practice to practice within a legislative framework. Social workers in private practice work without formal agency guidelines. They must rely on their individual, moral, ethical and professional perceptions and act according and should they violate the code of ethics, disciplinary measures are enforced.

Within the social development paradigm, the focus is on community development. Hence a gap has been identified in terms of micro level intervention. As social workers in private practice they can address this need by providing services to individuals, families and groups.

It is evident from the literature reviewed that private practice has two paradoxical reactions in that it allows the practitioner the professional autonomy whilst at the same time the social worker in private practice has to work very hard in order to justify the financial aspect of one's private practice. Whilst private practitioners have many benefits they are also confronted with many challenges. Some of the challenges are lack of benefits, excessive caseloads, difficulty in maintaining a work / life balance and lack of business skills. The benefits of private practice flexible work hours, professional independence and financial considerations.

In comparing social workers in private practice with other professionals (Psychologists and Psychiatrists) it can be seen that since they are all in the human services profession they experience similar benefits and challenges.

Chapter three highlights the research design, methods used in data collection and its analysis would be discussed as well as the interview schedule.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter describes the research methodology implemented in the study. Research methodology entails everything that a researcher has to do in the process of the study. This is congruent with Royse's (2004) explanation of the research design. He regarded research design as a blue print in that it provided information about who, what, when, where and how the entire process occurs.

According to Grinnell (1993:4) as cited in de Vos (2002) "social work research is a scientific inquiry about a social work problem that provides an answer contributing to an increase in the body of generalizable knowledge about social work concerns". Social work is a social science involving the application of social theory and research methods to study and improve the lives of people, groups, and societies. Social work is unique in that it seeks to simultaneously navigate across and within micro and macro systems in order to sufficiently address and resolve social issues at every level and economic status([http://wwwpsychology.wikia.com/wiki/social work](http://wwwpsychology.wikia.com/wiki/social%20work)).

This chapter focuses on the following:

- Theoretical Framework
- Research Design
- Research Method
- The Pilot Study
- Sampling Strategy
- Data Collection Techniques
- Data Analysis

- Ethical Considerations
- Limitations of the Study

### **3.2. THEORETICAL FRAMEWORK**

The researcher chose to use the human ecosystems theory as private practice is strongly influenced by the social, economic and political environments.

As stated in Bernstein and Gray (1997), human ecosystems theory provides an excellent cognitive framework for understanding the realities of South African social work practice. In human ecology, the person-in-environment point of reference represents the total of relationships among individuals and their environments. The key to understanding the basics of human ecology is the concept of relations. The human ecosystem functions synergistically – the interaction of the system's components taken together have a greater total effect than the sum of their individual effects. The experiences of social workers in private practice cannot be seen and explained in isolation from the challenges, opportunities and legislative frameworks that govern their practice. Their practice is influenced by the socio-economic and political environments/structures within which they operate which includes inter alia interpersonal, intra personal, cultural, family, micro and macro processes. In explaining these processes the interaction of the social worker in private practice within such an environment would allow to explore his/her interactions as it has a greater total effect/impact than the sum of individual effects.

The human ecosystem functions within a structural framework, which can be represented as a series of concentric circles as reflected in Figure 1.

**FIGURE 1**  
**THE HUMAN ECOSYSTEMS FRAMEWORK (*Berk 1998*)**

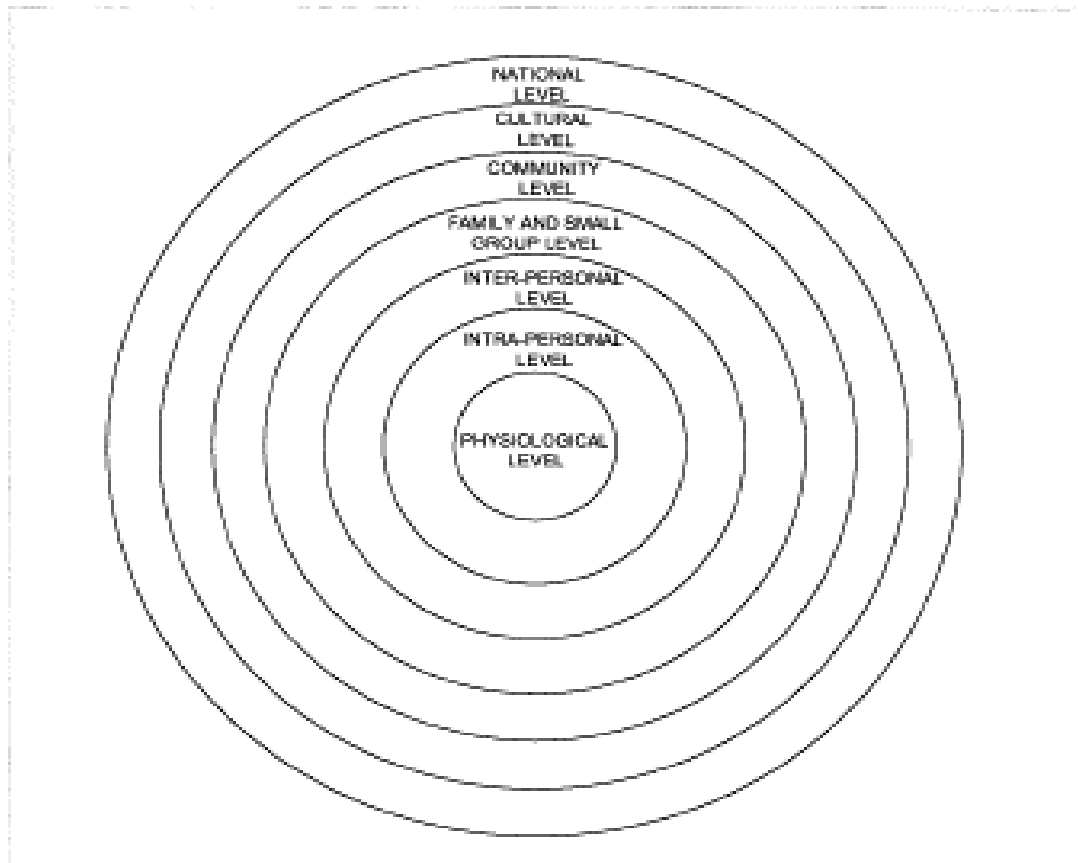


Figure One represents the different levels that impact on social workers in private practice.

The **physiological aspects** of the human ecosystems theory focuses on individual viz. the healthy functioning. An individual is a system in himself/herself comprising interacting components or subsystems such as cognitive, affective and physiological awareness. According to Naidoo (2004) an individual's problems has meaning in the larger social system. All behaviour is relational and communicative and there is a mutually reciprocal

influence between one's problems, one's life's circumstances and one's interactions with the other systems. In considering this aspect one looks at how an individual's thought processes, emotions and physiological makeup impacts on that individual. It could result in a medical condition viz. hypertension, irritable bowel syndrome, skin disorders and stress.

The focus of the **intra-personal** level is as follows: depression, agitation, hopelessness, loss of self-esteem, stress, burnout and feelings of gratification and accomplishment. The nature of work that social workers undertake is emotionally challenging and draining and there is a tendency of social workers to experience any of the emotional states discussed.

The focal point in understanding this level of **inter-personal** assessment involves the relationships of social workers in private practice and other interrelated disciplines. Feelings of isolation, professional jealousy, role confusion between social worker and related professions are amongst some of the issues discussed.

The **family** is an important support structure of an individual. As cited in Appleby et al (2001) the Life Model which was first suggested by Germain and Gitterman (1980). This model was based on the role theory that suggested the successful accomplishment of life tasks is dependant on the provision and successful functioning of various systems required to meet the differing needs of families. These include health, housing, work and education to aftercare services and recreational services. The family has been identified as a major building in an individual's life. In ensuring that the family fulfils that role an effective work / family balance is maintained. This is supported by the following study. Crouter et al. [2000] as cited in Surajanarayan (2002) pointed out that psychological closeness within a family is a major factor in effective support.

Shaw (2001) as cited in Surajanarayan (2002) The New South Wales Government has introduced family –friendly and flexible work practices to assist women and men in combining paid employment with family obligations which in turn impact upon their lives at work.

All individuals' function within a **community**. A community provides individuals with a sense of belonging. However in relation to social workers in private practice, they are still at a disadvantage in competing with members of the other helping professions for the definite population of potential clients. The public seems to know what services the other professions render and what their qualifications are. Patel (2005) emphasized that globalisation has particular reference to human relations. The community that people live in provides them with a sense of belonging, identity, trust and stability. These support networks are considered critical to human development and to the care and support of vulnerable people.

The **cultural aspects** of individuals refer to their customs, norms, way of life and artifacts. Social workers and private practitioners must understand cross cultural differences/ cultural diversity in order to provide an efficient and effective service delivery. If social workers and private practitioners are unaware of all of this it can impact on them being not being objective.

The **national level** highlights legislation. The White Paper for Social Welfare (1996) has committed itself to the development of appropriate, legitimate, transparent and effective governance structures aimed at promoting and strengthening the “partnership between government, community and organizations in civil society and the private sector that are involved in the delivery of social services (White Paper For Social Welfare: 1996). The question to ask is: what legislation is in place for social workers in private practice to allow them to play a meaningful role in the above? Even though it

is acknowledged that social workers are a scarce resource and the National Recruitment and Retention Strategy (March 2006) was developed for social workers however, no mention was made for social workers in private practice. According to Patel (2005) the social development model should focus on community development based on an integrated approach focussing on the micro and macro levels of intervention. Since the national provision is on community development a gap exists in terms of the micro level of intervention. Hence the opportunity exists with social workers in private practice to focus at the micro level of intervention in addressing this gap in service.

### **3.3 RESEARCH DESIGN**

The overall characteristics of the research design for the study was descriptive in nature. Many social work studies search for a second rationale that is to describe situations and events. The researcher observes and then describes what was observed. As scientific observation is careful and premeditated, scientific descriptions are typically more accurate and precise than casual descriptions. In qualitative studies, description is more likely to refer to a phenomenon and their deeper meanings. Qualitative descriptions tend to be more concerned with conveying a sense of what it is like to walk in the shoes of the people being described and providing rich details (Rubin and Babbie (2005).

### **3.4 RESEARCH METHODS**

It was the researcher's intention to examine the experiences of social workers in private practice. The researcher found that the qualitative method as the most appropriate to gain those subjective experiences of the respondents. The researcher obtained information by using interview



schedules that allowed the respondents to express themselves in their own words.

According to Yegidis et al (2002) researchers that utilized qualitative research designs, sought out to understand human experiences from the frames of reference of those who experienced them. Interviews form an important component of most qualitative studies and generally tend to be less structured and standardised than in quantitative research studies. In utilizing this method the researcher hoped to find out how people experience some phenomenon or experience, to learn its meaning or its essence for them. Deviations by participants are expected and are generally considered as useful, as they lead to topics that are more productive than those that were intended (Yegidis et al 2002).

De Vos (2005) also emphasized that by using qualitative research the emphasis is on improved understanding of human behaviour and experience. This study also examined the experiences of social workers in private practice hence the researcher's choice of a qualitative research methodology was most appropriate.

### **3.5 THE PILOT STUDY**

According to Bless and Higson-Smith (2000) as cited in De Vos (2002) provided the most encompassing definition of the pilot study: "a small study conducted prior to a larger piece of research to determine whether the methodology, sampling instruments and analysis are adequate and appropriate." Hence the researcher undertook a pilot study to also determine whether the methodology, sampling and content of the interview schedule were adequate.

The first five positive responses from those who were willing to participate constituted the pilot study. At the beginning of the interview the researcher explained the content of the interview schedule to the respondents. During

the pilot study, additional comments were asked by the researcher about the types of questions asked, any difficulties experienced in understanding the questions and about redundancy and vagueness. During the pilot study it was evident from the comments received from the respondents that the themes covered all aspects that were of relevance to the topic. Feedback from the pilot study provided information about the following:

- Clarity of wording of items where it was unclear;
- Certain ideas that were redundant which the respondents did not understand;
- Indication that the structure is too rigid; and
- The time required in completing the instrument.

The interview schedule was developed according to themes from the literature review and modified according to the responses from the pilot study.

### **3.6 SAMPLING**

The method of sampling is determined by the topic selected and the expected data. According to De Vos (2002) there are two main groups of sampling procedures viz. probability and non-probability. Probability sampling is based on randomisation, which entails a portion or sample of a population so that each member of the population has an equal chance of being selected. There are five-research probability sampling designs viz. simple random sampling, systematic sampling, stratified random sampling, cluster sampling and panel sampling. De Vos (2002) includes dimensional samples, target samples, accidental and spatial samples as non-probability sampling designs. Whilst Yegidis and Weinbach (2002) goes on to explain that with non-probability sampling design it is not feasible to calculate the likelihood that a given person or element will be selected. They describe four non-

probability sampling designs viz. convenience sampling, purposive sampling, snowball sampling and quota sampling.

In considering what was the most feasible for the study the researcher relied on availability of social workers in private practice, which, is referred to as availability, or convenience sampling. This more convenient non-probability sampling design was most appropriate for the study. Although this is a very unscientific approach to sampling this study involved selecting respondents who were available and readily accessible to the researcher. The inclusion criterion was used whereby the respondents had to be in private practice.

The researcher then scheduled appointments at the convenience of the respondents to conduct the interviews.

The sampling procedure applied in this study is outlined as follows: -

- The population of social workers in private practice in the Metropolitan Area of Durban is 120 social workers (Resource Directory – SAASWIPP-2005).
- The researcher published an article in the quarterly newsletter for social workers in private practice, informing likely participants of this study and invited them to participate.
- The researcher presented her proposal at one of the quarterly meetings of social workers in private practice and informed them of the research and invited them to participate.
- The first five positive responses constituted the pilot study.
- The first twenty social workers that expressed their willingness to participate and were available for interviews formed the sample for this study.

### **3.7 METHOD OF DATA COLLECTION**

The method of data collection was the semi-structured interview schedules. According to de Vos (2002) researchers use semi-structured interviews to gain a thorough picture of the respondents' values about or perceptions or accounts of a particular subject. This method gives the researcher and respondents much more flexibility. The researcher is able to follow up respondent's interesting avenues that emerge and respondents are able to give a fuller picture. The researcher has a set of pre-determined questions on an interview schedule but the interview will be guided by the schedule rather than be dictated by it.

The interview schedule had both closed- ended and open-ended questions. The closed- ended questions were asked to obtain factual data about the respondents. The open-ended questions allowed the respondents to express themselves as well as elaborate on the answers given and to make recommendations. Questions were asked according to the different themes as indicated on the interview schedule. The researcher had written down all the answers and comments made by the respondents. The duration of the interviews were between 60 – 90 minutes long.

The interview schedule was divided into the following categories incorporating some of the themes from the literature review:

#### **Section 1: Identifying Details of the Respondent**

This section obtained data such as the name, gender, area of operation, years of practice as a private practitioner, race, nature of employment

## **Section 2: Employment *History of the Respondents***

This emphasis of this section focussed on the respondents' previous place of employment, in what capacity the respondent had worked and reasons for leaving.

## **Section 3: *The Nature of Private Practice***

The logistics of managing one's own business formed the basis of this section.

## **Section 4: Benefits of Private Practice**

This section obtained data on the benefits those respondents experienced as private practitioners.

## **Section 5: *Challenges of Private Practice***

This section looked at the difficulties those respondents experienced as private practitioners.

## **Section 6: Support Networks**

In this section respondents' views were obtained on what they considered as their support networks.

## **Section 7: Legislation**

In this section the respondent's views were sought about the laws that govern their practice.

## **Section 8: Recommendations**

This section sought to ascertain any possible recommendations respondents may have in respect of how private practice may become more viable.

### **3.8 METHOD OF DATA ANALYSIS**

According to de Vos (2002) qualitative research is dependant on the presentation of solid, descriptive information that allows the researcher to lead the reader to understand the meaning of the experience or phenomenon being studied. Data analysis is the process of bringing order, structure and meaning to all the information collected. The processed data was categorised according to specific themes and analysed.

Since the qualitative approach was used the data was interpreted by means of words, descriptive expressions and phrases. Some of the rich data extracted from respondents were reflected verbatim. However, certain information such as ages, areas of specialization, gender and personality types were presented quantifiably where relevant. Conclusions and recommendations were drawn from the findings and linked to the literature review as well as to the human ecosystems theory.

### **3.9 ETHICAL CONSIDERATIONS**

Prior to administering the interview schedules, the researcher ensured that all necessary social work skills and precautions having utilized were taken to ensure that the study did not harm the respondents by ensuring the following;

- The researcher informed all respondents that the research was being conducted as part of her academic studies;
- The respondents were given sufficient and accurate information of the study and their informed consent was obtained prior to the study being

conducted. According to Yegidis and Weinbach (2002), before agreeing to participate the person should have a fairly clear idea of what his/her participation will entail. This was to ensure that participants are protected from unknowingly getting into a situation that they never would have chosen had they been more fully aware from the beginning. Further it prevents the researcher from deceiving the respondents by mispresenting the purpose of the research;

- People who had contributed to the study will be acknowledged;
- The findings of the study will be disseminated in the form of an executive summary to all respondents;
- The respondents were assured of confidentiality and respondents remained anonymous. According to Yegidis and Weinbach (2002), confidentiality is to ensure that respondents are protected from harm should their identities intentionally or unconsciously be associated with any data that is collected.
- Participation was voluntary and respondents had the right to withdraw from the research at any stage if they so desired;
- The researcher was bound by the ethics of the Social Work professional body in carrying out this research; and
- Finally, ethical clearance was obtained from the University of KwaZulu-Natal.

The researcher clarified her role as a social worker in private practice from the Metropolitan Area of Durban and that of social work masters student.

### **3.10 LIMITATIONS OF THE STUDY**

The study was restricted to social workers in private practice in the Metropolitan Area of Durban, thereby, reducing its generalizability. However, this study could be a pilot study for a larger study reaching private social

workers nationally and comparative studies between social workers in private practice and that of Government to explore similarities and differences.

The sampling method of data collection was a methodological limitation as the input from the respondents' were not representative of the entire spectrum of possible opinions from social workers in private practice. The non-probability sampling was used which was dependent on availability of respondents. The researcher being in private practice herself, may also influence the interpretation of data. To reduce researcher bias the interview schedule was modified after the pilot study.

As stated by Yegidis and Weinbach (2002) no research is perfect. Limitations can result by one or more design constraints as a function of other methodological difficulties.

### **3.11 SUMMARY**

This research was undertaken to describe the experiences of social workers in private practice. This study focussed on opportunities, rewards and challenges faced by social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal.

This study used the descriptive research design, as it was most appropriate in examining the experiences of social workers in private practice.

The qualitative research methodology was utilized which focused on exploring the experiences of Social Workers in private practice. A pilot study was undertaken to determine whether the methodology, sampling and content of the interview schedule were appropriate for this study.

The researcher administered interview schedules to obtain data. The data was processed, analysed and verbatim responses were included.

Availability or convenience sampling was used in this study, which relied on availability of social workers in private practice.



In keeping with the principles of social work and research, ethics were adhered to. Respondents' consents were obtained and confidentiality was assured.

The following chapter presents with the results and analysis of the findings.

## **CHAPTER FOUR**

### **RESULTS AND ANALYSIS**

#### **4.1 INTRODUCTION**

This study focused on the examination of the experiences in terms of opportunities, rewards and challenges faced by social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal. Twenty social workers in private practice participated in the study. The purpose of this study was to collect data to answer the following questions:

What are the experiences of social workers in private practice?

What are the reasons for undertaking social work in a private capacity?

What are the career challenges and opportunities experienced by social workers in private practice?

What support systems exist?

What recommendations can be made to the South African Association of Social Workers in Private Practice and the SA Council for Social Service Professions (SACSSP) regarding career challenges and opportunities for Social Workers in Private Practice?

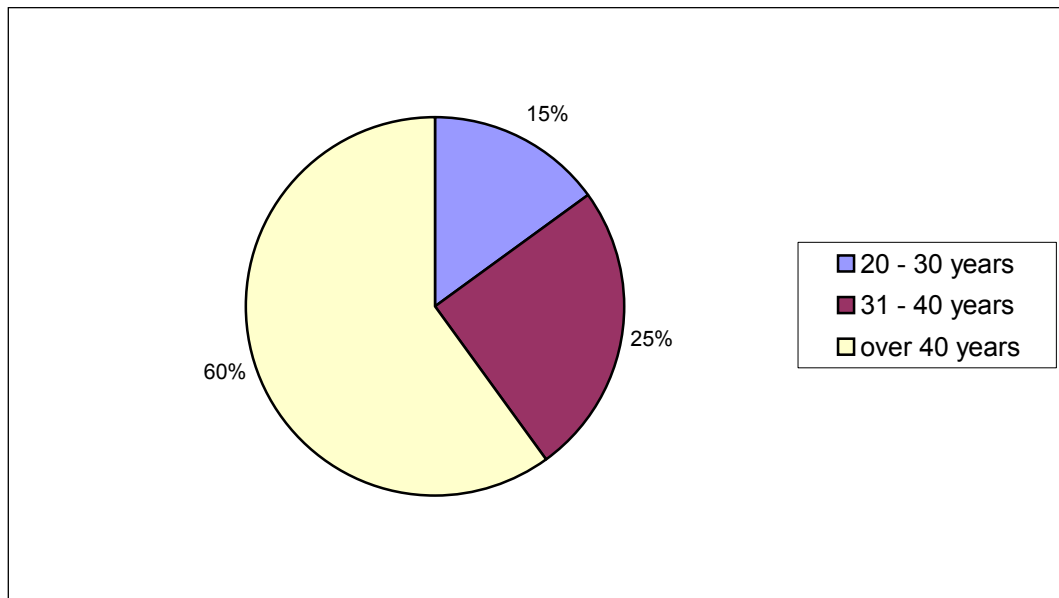
This chapter presents the results and an analysis of the data arising from a qualitative study. Data were collected by means of an interview guide and are presented in graphical and tabular forms as well as verbatim.

## 4.2 IDENTIFYING DETAILS

### 4.2.1 Age of Respondents

The age of the respondents are reflected in Figure 4.2

**FIGURE 4.2**  
**AGE OF RESPONDENTS**

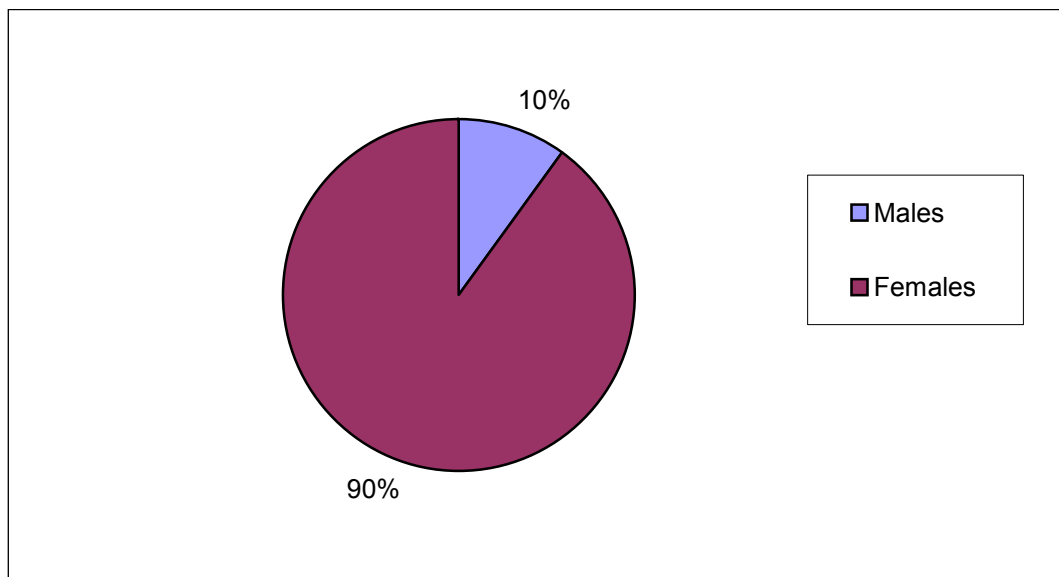


It is evident from Figure 4.2 that a larger proportion of respondents (60 %) are over 40 years. The trend is pointing toward the more senior and experienced respondents that are moving into private practice. Respondents felt that they had good number of years and experience, hence a wealth of knowledge, which made them confident enough to enter private practice.

#### 4.2.2 GENDER OF THE RESPONDENTS

The gender of the respondents is reflected in Figure 4.3.

**FIGURE 4.3**  
**GENDER OF THE RESPONDENTS**



Female respondents comprised 90 % of the study, having been the majority of the sample, whilst 10 % were male respondents. This finding is also consistent with the studies by Naidoo (2004) and Lund and Ardington (1996) of a typical South African profile of social workers, which are predominantly female. According to Engelbrecht (2003) social workers registered in 2004 with the South African Council for Social Services Professions reflected that 11 % were males and 89 % were females.

#### 4.2.3 AREA OF OPERATION

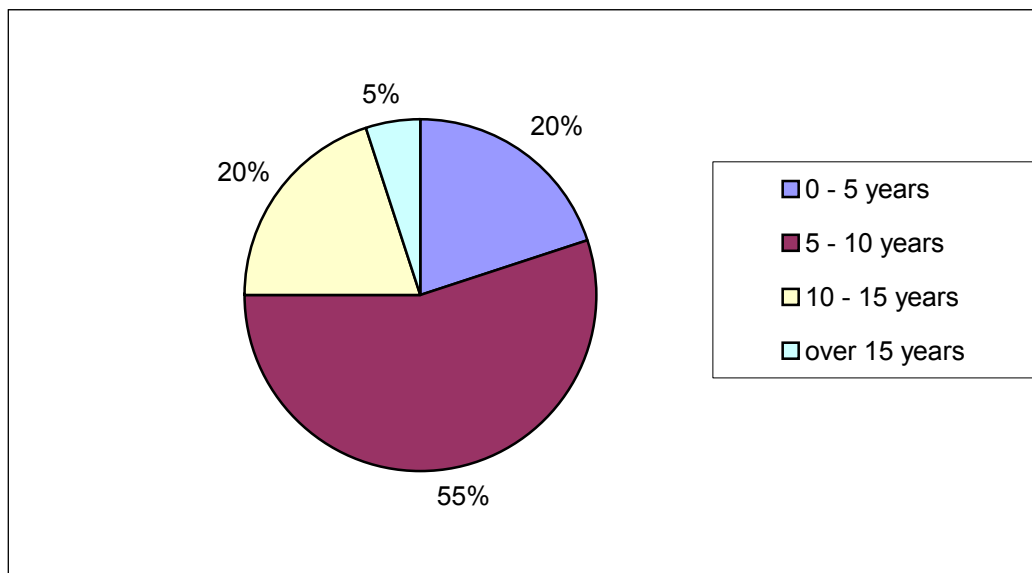
All respondents (100%) are based in the Durban Metropolitan Area, Kwa Zulu Natal, which is an urban area. Competition for social worker jobs is

stronger in cities where demand for services often is highest, training programs for social workers are prevalent, and interest in available positions is strongest ([http://wwwpsychology.wikia.com/wiki/social work](http://wwwpsychology.wikia.com/wiki/social_work)).

#### 4.2.4 NUMBER OF YEARS CURRENTLY IN PRIVATE PRACTICE

The number of years respondents' are currently in private practice

**FIGURE 4.4**  
**YEARS OF EXPERIENCE OF SOCIAL WORKERS IN PRIVATE PRACTICE**



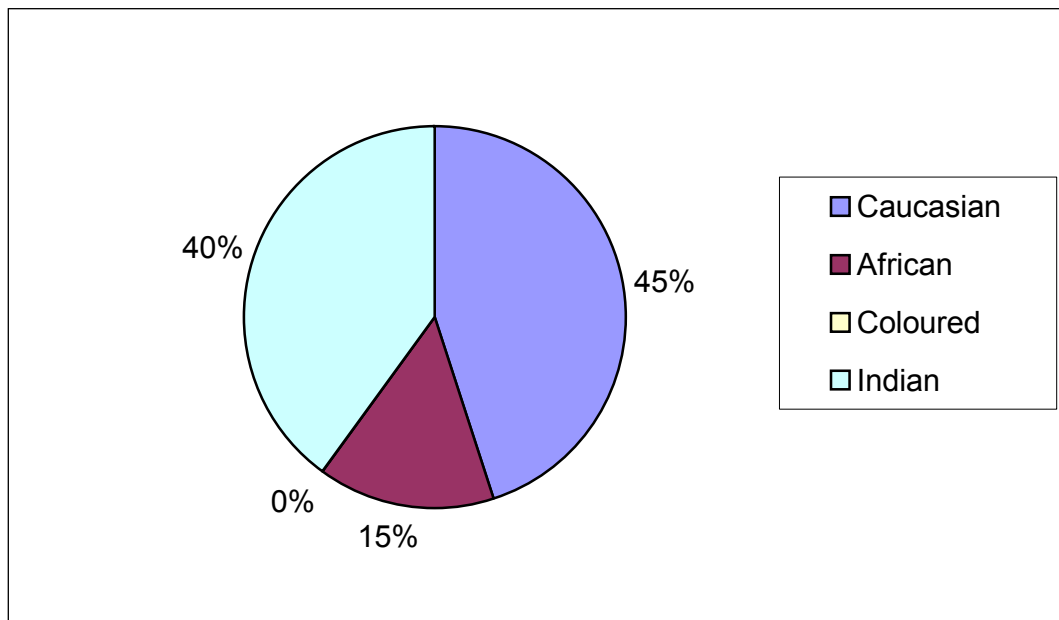
As evident from Figure 4.4 a larger proportion (55 %) is in private practice for 5 – 10 years. In South Africa social work is a relatively new profession having started in the late 1970s. Its history is directly related to the development of social welfare in 1937. This was however in the Gauteng Province whilst in Kwa Zulu Natal private practice had its beginnings in the late 1990s.

#### 4.2.5 Racial backgrounds of the respondents

South Africa is a rainbow nation and it is important to try and reflect social workers in private practice from a diverse background.

Figure 4.4 reflects the racial backgrounds of the respondents.

**FIGURE 4.5**  
**RACIAL BACKGROUNDS OF RESPONDENTS**



The following deductions can be made from Figure 4.5 that the larger proportion of respondents (45 %) are Caucasians in private practice, whilst 40 % are Indians and as one of the respondents raised a concern which could be the reason for fewer Indian social workers in private practice—“ The Indian community does not see the social worker in private practice in high esteem”. Further only 15 % of the respondents were African in private practice.

At a workshop presented by Mamelotsane Mota (27 August 2008), a member of the National Executive Board, South African Association of Social Workers in Private Practice indicated that African social workers are aware that the African community do not see the need to discuss their problems with outsiders as they have strong support networks hence the reluctance by African social workers to enter private practice.

The socialist view has direct bearing on the implications of African social workers entering private practice. Green (1999) refers to the networks of social relationships of trust and mutual caring that exist in communities, that which represents certain strengths of people in groups and communities. Social capital is the “glue” that develops amongst people by sharing experiences, ideas, ideals, beliefs and practices. Whilst Coleman (1990) as cited in Green (1999) explains social capital is dependant on the social structures that exist between people, which make it possible for those involved to take certain actions and to be able to get things done that they would not have been able to do on their own. Further Coleman (1990) indicates that the concepts of sharing and group cohesiveness as illustrated by the term “ubuntu” - brotherly love and group care serve an important function to build the networks and norms through trust and cooperation, which are considered the main elements of social capital.

#### **4.2.6 EMPLOYMENT HISTORY OF THE RESPONDENTS**

Social workers in private practice consider private practice a full time career. The majority of the respondents (60 %) were in full time practice whilst a smaller proportion of the respondents were in part time practice. Of these three are working in a State Organization, three are working in non-governmental organizations and one in the Corporate Sector. The concern raised by these respondents is that it is very difficult to leave stable employment and enter into private practice, as there is no certainty of the viability of private practice. The majority of the respondents prior to entering

private practice on a full-time basis were previously employed in Governmental Institutions. 40 % of the respondents were employed as senior social workers at their previous places of employment.

Their leaving could be attributed to the introduction of the Employment Equity and Affirmative Action Programmes in 1999 to redress the imbalances of the past, which makes it mandatory for agencies to employ in line with equity hence more African social workers were employed and given opportunities as opposed to the more senior respondents. According to Suraj-Nararayn (2002) the lack of upward mobility for Indian and Caucasian social workers was a major source of stress.

Some of the verbatim responses with regard to the reasons for leaving were as follows:

*One respondent commented “ I realized that there was never going to be any upward mobility for me.”*

*Another respondent who was disillusioned commented on the impact of racism on her upward mobility.*

#### **4.3 REASONS FOR LEAVING PREVIOUS EMPLOYMENT**

The shift toward private practice indicated a collective disillusionment with agency practice.

Respondents' multiple views on the reasons for leaving previous employment as reflected below:

- Working within a bureaucratic structure did not allow for the freedom to make decisions regarding clients;
- Lack of friendly family policies to balance work/ personal life;
- Lack of professional recognition;
- Lack of appreciation for work undertaken;



- Lack of support from supervisors and management;
- No career path in terms of upward mobility;
- Logistical constraints in terms of office space and lack of resources;
- High caseloads and working under pressure;
- Focusing on crisis intervention and administrative work; and
- Disparity in terms of salaries between Non-Governmental Organisations and Government Departments.

Studies conducted by Engelbrecht (2003) and Naidoo and Kasiram (2003) concur with the findings of the present study in that the primary reasons the respondents left their previous jobs were due to poor salaries, dissatisfaction with working conditions, high case loads as most frustrating, burnout and personal reasons. This is contrary to Engelbrecht's study (2003) whereby 76 % of the social workers that immigrated were from Non-Governmental Organizations and he indicated that it could be attributed to the difference in salaries and working conditions between social workers in the Non Governmental sector and Governmental sector. In a study undertaken by Gathiram as cited in Naidoo and Kasiram (2004), she found that many experienced social workers were frustrated, citing stagnation and upward mobility as reasons for leaving the South African workforce. Even though the respondents left the workforce their reasons could be similar to that of the respondents of the present study.

#### **4.4 THE NATURE OF PRIVATE PRACTICE**

Respondents consider private practice a full time career.

Social workers have to consider many practical issues viz. office accommodation, sources of referrals, overheads, record keeping, privacy and how to cover absences when entering into practice.

The following reasons were provided by the respondents for entering private practice:

*Several years of experience as senior social workers, hence they had a wealth of knowledge. This made them confident enough to enter private practice;*

*The contract with the previous employer ended and hence, respondent chose to become a private practitioner;*

*Mediation was introduced as an area of specialization, which offered opportunities for respondent in private practice;*

*Flexibility of work which enabled respondents to balance work / family life; and*

*With the advent of changes in the academic field and the uncertainty of the future in the academic field, private practice presented itself as an opportunity.*

Being in private practice is like running one's business hence the respondents had to secure their own office accommodation. In addition to seeing clients either at their home offices or at their offices a larger proportion of respondents indicated that they undertook on- site visits to employees for trauma debriefing and operated from corporate organizations undertaking employee wellness programmes, visits to hospitals as well as attending to teaching and supervision needs at educational institutions.

All of the respondents paid rent for their office accommodation. Six of the respondents shared office space with other professionals on an hourly rotational basis and paid pro-rata rental.

Fifty percent of the respondents' average monthly income was between R10 100 – R15 000 and the other fifty percent earned a salary of over R15 000. In comparing salaries of social workers employed by the Department of Social Development at entry level is R9790 and those in Non-Government Organizations and depending in which agencies it is anything between R6 500 to R8 270. Social workers that are on the senior level receive in the Department of Social Development about R13 000 whilst in the Non-Governmental Organizations they receive anything between R9 000 to R11 000. Hence in considering the salary scales of the respondents of the study it is more in line with the Department of Social Development. From the finding it would appear that social work in private practice is not as lucrative.

The overheads that private practitioners incur are similar to any other business overheads. Some of the overheads incurred by respondents in running a private practice were:

- Rent;
- Travelling expenses to client's homes, conferences and universities;
- Maintenance of motor vehicle;
- Salary of a receptionist;
- Stationery;
- Telephone;
- Fees: SAASWIPP  
SACSSP  
Board of Health Funders; and
- Attendance at training workshops and conferences

The overheads mentioned were considered by many of the respondents to be among the most prominent issues affecting their financial well being. Some of the concerns noted by the respondents with regard to the overheads were:

*“ I stress considerably as to whether I am going to meet my bills at the end of the month.”*

*“I have to ensure that I do not incur unnecessary debts viz. too many unimportant phone calls or telephoning clients on their land lines to cut down on telephone expenses.”*

The respondents' current caseloads are over 75. The caseloads of social workers in the Department of Social Development and Non-Governmental Organisations, social workers in a Children's Home are carrying on average 65 cases, at a Child Welfare Society anything from 150 to 200 cases and at the Department of Social Development about 100 cases. When one looks at the caseloads of social workers in private practice it is a favourable caseload, one that is manageable. Hence respondents tend to invest more in their clients than agency social workers because of the number. Some of the positive responses noted by the respondents with regard to the caseloads were:

*“Depending on my caseload, I can decide how much work to schedule and can attend to other things that I do not normally do.”*

*“ I can do thorough counselling and give off my best as my caseload is manageable.” Hence carrying a small caseload is rewarding as one can maintain a positive work / life balance.*

#### **4.5 NATURE OF WORK UNDERTAKEN BY RESPONDENTS**

The nature of work undertaken by social workers in private practice is varied and diversified. Some of the work undertaken by respondents was:

**Employee wellness programmes:** respondents stated that they offer are short-term intervention programmes to the corporate sector. They offer

professional services to employees who want to enhance their life skills and general wellness in the workplace by providing educational and awareness programmes on HIV/ AIDS, financial, stress and anger management.

**Therapy** is aimed at assisting clients to improve their lives and who are experiencing relationship problems. Couple / marital therapy is a process whereby individuals are assisted to reflect on their lives and decide on what needs to change in order to bring about improvement. **Behaviour modification** programmes are directed to children who are presenting with behaviour problems and entails changing that child's behaviour through positive reinforcement. **Grief and trauma counselling** focuses on assisting clients who have experienced loss of loved ones as well as experienced any traumatic incidences viz. hijacking, crime.

**Training and development** is geared toward educating clients at developing skills for lifestyle issues, financial skills, conflict and anger management.

**Mediation** is an area of specialization that focuses on the settlement of dispute between parties to bring about agreement. People who cannot resolve their contentious issues have the services of respondents in private practice available to assist them in settling disputes.

In engaging in **legal work** respondents assist clients who have initiated divorce proceedings in amicably working out custody and access rights in respect of their children. Respondents undertake investigations and presentations of reports to the courts incorporating the biopscho-social assessments of individuals. Adoptions are aimed at placing children with childless couples. Upon completion of an intensive investigation to assess their suitability as adoptive parents the adoption process is then finalized and a child is placed with the parents.

In much as the nature of the work is very similar to both social workers in general and that of social workers in private practice, social workers in private practice work at the micro level of intervention whilst social workers in the Department of Social Development and Non-Governmental

Organizations function at the macro level in line with the Social Development Model.

According to one respondent the severity of the cases (in terms of poverty and a sense of helplessness) at a Child Welfare Organization as opposed to those of social workers in private practice made her very sad.

The nature of problems dealt with by the respondents were varied and diversified.

Clients present with psychological problems include stress, depression, trauma and grief and bereavement. Parents seek the assistance of respondents for their children presenting with behavioural problems.

Some of the social problems that respondents handle incorporate relationship problems, gambling and substance abuse.

According to one respondent she expressed the freedom of choice, “ *I can choose the nature of problems that I am comfortable working with by referring clients to other practitioners.*”

Some of the challenges of working with clients as experienced by the respondents were:

- Last minute cancellations by the clients;
- Clients not keeping to appointments;
- Collection of monies if clients make arrangements for later payments and do not pay;
- Very rare occurrence of aggressive clients;
- Management of crisis, as a private practitioner the social worker is alone and must be aware of resources in the community;
- No opportunities for immediate debriefing;
- Payment of consultation fees;
- Lack of resources;
- Many respondents lack specialisation hence can take on all cases to generate an income;

- Lack of on site support;
- Clients terminating services prematurely without informing respondents;
- New areas of services where needs and untapped resources exist as well as home visits may pose as areas of difficulties in terms of lack of knowledge and risk factor in terms of home visits.

#### **4.6. BENEFITS OF PRIVATE PRACTICE**

Private practice may represent a fairly advanced expression of the expanded professional growth and complexity of the individual social worker that embarks on this highly individualized business venture that they consider lucrative. All the respondents indicated that being in private practice was very rewarding. Some of the benefits of being in private practice as experienced by the respondents were:

- Working with motivated clients;
- Control over the professional growth and work environment;
- Escape from bureaucracy;
- Financial rewards in terms the effort that one puts in;
- Flexible working conditions allowed respondents to balance work / family life;
- Remaining in direct practice entails working one-on-one with the client and rendering counselling; and

Some of the verbatim responses as presented by respondents:

*“Private practice provides us with the opportunities to work around our personal lives. “*

*“We have the freedom to choose specialised fields of practice.”*

*“As private practitioners it enhances motivation for personal and professional development.”*

*“Having a workable caseload one has the time to do thorough counselling and give off one’s best to the clients.”*

*“ The training that I had received at University prepared me well for practise. The experience that I received whilst practising as a social worker provided excellent training. Hence it has given me the confidence to provide efficient and effective services to my clients.*

*“Social workers are multi-skilled and those skills affords us numerous opportunities as private practitioners”.*

From the above it is clearly evident that there are many attractive aspects of being in private practice.

***Whilst the respondents’ have identified benefits a spectrum of opportunities are available to them to pursue as private practitioners***

There is a move toward employee wellness programmes move toward offering employee wellness programmes (a short -term intervention programme provided by the corporate sector to assist employees and their immediate families). In the corporate world it is obligatory to offer employees services in terms of the Labour Relations Act, 66 of 1995 (which serves the interests of both the employers and employees in terms of labour issues) before any disciplinary action can be taken against them or should they be experiencing any personal problems. Since most corporate sectors do not have social workers on site to render social work services this is outsourced to respondents. Private practitioners will assist employees with any issues that could impact on productivity and well being (before any disciplinary action can be taken against employees), assessment of risk factors in the working environment and life in general.

The training that social workers receive affords them the opportunity to be multi-skilled hence there is opportunity for private practitioners to offer training to management, middle management and employees on HIV/Aids,



orientation workshops on employee wellness programmes, financial, stress and anger management. In looking at the Social Development Model and the employment of child and youth care workers and community development workers; social workers can train those employees in the related fields.

Statutory work is another avenue that offers private practitioners the opportunity to specialize in adoptions and pre-sentence reports (psycho-social assessments of criminals before sentencing).

A large proportion of the work of the respondents were at the micro-level intervention – working directly one-on-one with clients and groups. This then would address the gap as the social development approach focuses mostly on community development. This would imply that a combination of social development and systems theory brings back the social perspective into social work, while still allowing for individual therapy approaches. Social workers in private practice fits in with this as it involves a combination of approaches (Gray 1998).

Mediation is the settlement of disputes (a go-between) between parties. As an area of specialization it presented itself as an opportunity to respondents. One of the roles of social workers is that of mediator.

The absence of guidance counsellors and social workers in schools has resulted in scholars not having anyone professional to turn to in addressing their areas of concern. The increase in substance abuse (especially drug abuse), teenage pregnancies and suicides amongst scholars has necessitated the school governing boards to employ social workers, hence private practitioners to assist scholars in addressing problems.

#### 4.7 CHALLENGES OF PRIVATE PRACTICE

Although the respondents indicated that private practice has benefits and opportunities they are also confronted with several challenges as well.

The amalgamation of responses in terms of challenges of private practice as indicated by respondents is reflected below as follows:

- Professional Isolation;
- Burnout;
- Client Problems;
- Financial Expenses;
- Difficulties accessing medical aid funds;
- Marketing one's self and building the practice;
- Role confusion between social worker and psychologist;
- Ensuring a regular flow of work; and
- Community's lack of knowledge; and
- No guaranteed income (no 13<sup>th</sup> cheque, should one be sick and if one does not work during that time there is no allowance for sick leave if one does not have sickness benefit).

Some of the verbatim responses of respondents are reflected as follows:

*"I am in part-time practice hence I do not devote enough time to my practice. The difficulties that I experience with Medical Aid Societies in accessing benefits are disillusioning."*

*"The community sees social work as a lesser profession. There is a lot of competition with the psychologist, who offer similar services. The remuneration and recognition is not the same as compared to that of psychologists."*

*"As a professional I feel lonely as I do not have anybody to turn to for support. Clients that cancel at the last minute and there is nothing that one*

*can do to compel them to attend. Clients that do not pay can one make feel rather disillusioned.”*

*“In private practice one is not guaranteed of work. In the last few years there has been an increase in the number of private practitioners in the Durban area and ensuring sufficient work is intimidating.”*

Similarly the findings in a study of Walfish and O'Donnell (2008) the least satisfaction was found for private practitioners with benefits from their professional organizations, level of income, private practitioners get no paid vacation, no sick leave, no paid holidays, and if they do not work very hard, they likely do not get paid very well. As such there is an incentive for private practitioners to work as many hours as possible.

Barnett and Henshaw (2003) point out the “cons” for developing a career in private practice to include financial uncertainty and the risk of possible periods of low earnings, responsibility for all expenses and overhead, possible professional isolation for solo practitioners, and responsibility for billing, collections, insurance, employee and staff decisions.

Similarly Suraj-Narayan (2002) in her study found that stress and burnout was prevalent amongst the respondents.

#### **4.8 SUPPORTIVE NETWORKS**

The South African Association of Social Workers in Private Practice (SAASWIPP) is an association for social workers in private practice. It functions to co-ordinate and promote the members' professional activities and to set and maintain professional standards.

All the respondents were affiliated to SAASWIPP.

***The respondents highlighted the following benefits of belonging to the South African Association of Social Workers in Private Practice:***

- Networking;
- Providing a social work identity;
- Improving the image of private practice and giving private practice credibility;
- Provision of newsletters which are informative and the articles are interesting;
- Providing training & workshops which updates and refreshes one's knowledge;
- Setting standards;
- Provision of Ethical guidelines; and
- Assisting in reviewing service conditions

Some of the verbatim responses as reflected by respondents were as follows:

“Without SAASWIPP it is very difficult to manage in private practice – the newsletters are interesting, the sharing of information and workshops are filling the gaps that council should be undertaking in assisting social workers.”

“Recently having commenced in private practice, affiliation to SAASWIPP provides one with a ready made network.”

“ The meetings are a good avenue to market training and are useful to update what's going on further. SAASWIPP is constantly refreshing people in the tried and tested.”

“The meetings are informative and a good forum for interacting with other social workers in private practice.”

***Although the respondents indicated that the South African Association of Social Workers in Private Practice has been beneficial they have also identified general gaps in the provision of support.. Some of the gaps in***

***providing support by the South African Association of Private Practice as reflected by the respondents are:***

- The association favours Caucasians;
- The lack of support on a one- to- one basis;
- The meetings are held once in 3 months, which is insufficient;
- The lack of provision for training; and
- The lack of orientation workshops;

The South African Council For Social Services Professions is a regulatory body that has set rules and laws governing the social services professionals.

***All respondents are affiliated to the South African Council for Social Services Profession. However all the respondents indicated that SACSSP has not been of any benefit to them.*** Some of the concerns noted by the respondents with regard to SACSSP are as follows:

“SACSSP is an administrative body and that is about all. It does very little in terms of input for private practitioners”.

“SACSSP consider themselves as superior to social workers in private practice”.

“it is extremely difficult to contact SACSSP telephonically”.

“ Council is quite punitive in that if you do not pay your fees your membership is terminated”.

Similarly the social workers in the study undertaken by Naidoo and Kasiram (2003) reflected their unhappiness at the South African Council for Social Services Professions for not adequately addressing their concerns in regard to the poor service conditions and believed that the Council could have played a more active role in unifying social workers to stand against commonly shared problems.

The majority of the respondents’ did not consider Government Departments to be supportive of private practitioners. The reason for this is that they

believe that Department of Welfare does not recognise social workers in private practice.

The Department of Social Development is a State Department responsible for making social services accessible to everyone, especially the poor and vulnerable, without discrimination, in promotion of the development of potential and the capacity of people towards self-sufficiency. The Department of Social Development monitors the services that it funds to ensure its alignment to legislation and deliverables of a service level agreement, which is signed between the funded organization and the Department.

However The Minister of Social Development Zola Skweyiya, (in his address to the International Schools of Social Work congress, Lnkosi Albert Luthuli , International Convention Centre, Durban, 28 July 2008)

([www.info.gov.za/speeches/2008](http://www.info.gov.za/speeches/2008)) acknowledges social workers put in long hours, working with huge caseloads, sometimes in testing physical conditions, in remote areas, often with minimal resources. Social work is a thankless profession, one in which the more you work, the more you feel you have done nothing given the volume of work, the pain and suffering of many vulnerable people and families, especially the children. Then one questions whether the retention and Recruitment Strategy has not come in too late to address the concerns of social workers. Social workers in Non-Government Organisations also consider the Department of social Development as unsupportive as their needs are not considered.

The majority of respondents do not belong to any **other forums**. They indicated that the lack of time to attend forum meetings, as well as the travelling costs and the time spent at those forum meetings would have financial implications for them.

#### 4.9. LEGISLATION THAT GOVERN SOCIAL WORKERS IN PRACTICE

It is imperative that social workers in private practice are well conversant with the law. Legislation is the law that govern social workers in private practice. According to Tesfamichael (2004) “the law is an indispensable partner of social work, provides social workers with specific legal powers and duties in arrange of situations so as to do their job properly, with making sound decision making and with the authority they need as professionals.” The manner in which Tesfamichael expressed the importance of law sums up the reasons as to why social workers are governed by legislation.

All the respondents indicated that they are governed by the **Code of Ethics** (a set of rules on the course of conduct in terms of professionalism) and Social Work Act, Act 110 of 1978 (the act that deals with all aspects as applying to a social worker) stipulated by The South African Association of Social Workers in Private Practice and the South African Council of Social Services Professions. Some of the other legislation that govern the respondents are the Mediation in Certain Divorce Matters act, 24 of 1987, Child Care Act 74 of 1983/ Children’s Bill 2003, Natural Father's Act No. 86 of 1997, Domestic Violence Act, act 116 of 1998, Prevention and Treatment of Drug Dependency Act 20 of 1992 and the Adoptions Act No. 9 of 1994.

All respondents indicated that the respective policies impacted on the self-conceptualisation of themselves as private practitioners. This ensures that they abide by the rule and regulations to maintain ethical and professional standards.

#### **4.10 RECOMMENDATIONS IN RESPECT OF MAKING PRIVATE PRACTICE A MORE VIABLE OPTION IN SOUTH AFRICA**

The following recommendations have been highlighted by the respondents to ensure that private practice becomes a more viable option in South Africa:

The SAASWIPP:

- Should offer orientation workshops to new private practitioners;
- Should assist new practitioners to set up, market their practice as well assist with difficult cases;
- Should do more lobbying for private practitioners to get recognition by SACSSP & GOVERNMENT;
- Should serve as a safety net for new private practitioners for fear of failure as established practitioners have a fear of networking and sharing; and
- Newsletters should ensure that it carries articles to assist new practitioners to set up their practice.

As Professionals in Private Practice:

- Private practitioners must take responsibility for their actions;
- Private practitioners need to change/polish their image regarding professionalism; and
- Need to change public's and other professionals' perceptions of social workers in private practice.

There are much fewer male private practitioners and social workers in general. In view of this there are greater opportunities for the males in terms of working with male clientele who are of the old school of thought and would prefer working with males.



#### **4.11 CONCLUSION**

This chapter presented an overview of the findings of the study. Although the respondents experienced challenges, there were several benefits and opportunities that they derived as private practitioners. In assessing the kind of statements made in the course of the data analysis, the most salient feature was the disillusionment that respondents expressed with regard to the lack of support from Government and SACSSP.

Chapter 5 will provide the conclusions and recommendations with regard to social workers in private practice.

## **CHAPTER FIVE**

### **DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This chapter reviews the issues discussed and draws conclusions based on findings and analyses of data in the preceding chapters of the research. Finally, recommendations will be made regarding the gaps in knowledge since private social work in the Durban Metropolitan area has not been previously researched.

There appears to be limited literature and similar studies around the topic within the South African context hence the focus was on overseas literature.

The Human Sciences Research Council and the Chairperson of SAASWIPP confirmed that the experiences of social workers in private practice have not been studied in South Africa. This area of research is imperative as there is an increase in the number of social workers that are applying for accreditation to become members of the South African Association of Social workers In Private Practice (South African Association of Social Workers in Private Practice).

#### **5.2 THE RESEARCH**

The study set out to *examine* the experiences in terms of opportunities, benefits and challenges faced by social workers in private practice in the Durban Metropolitan Area, Kwa Zulu Natal. The study was descriptive in nature. The qualitative research design was utilized. The interview schedule was used as a data collection tool. The human eco-systems theory was used to identify the experiences (challenges, benefits and opportunities) of social

workers in private practice. The respondents' anonymity was assured as well as ethical standards were adhered to, to ensure that the study did not harm the respondents in any way.

*The objectives are outlined as follows: -*

- To identify the experiences of social workers in private practice;
- To ascertain the reasons for social workers getting into private practice;
- To examine the career challenges and opportunities facing social workers in private practice;
- To examine the support systems and professional development of the social workers in private practice in terms of the South African Association of Social Workers in Private Practice, Government and The South African Council for Social Service Professions; and
- To make recommendations to the Association of Social Workers in Private Practice, The South African Council for Social Service Professions and the Government are addressing the challenges facing social workers in private practice and are attempting to strengthen relationships between the Government and private social workers for enhanced service delivery.

As is evident, the objectives of this study were met. The study shed light on the experiences of social workers in private practice. The experiences focused on their current caseloads and the logistics of running a private practice. The major findings of this study were on the challenges, benefits and opportunities, which were discussed in great detail. Legislation and support systems were also looked at, as to how it impacts on social workers in private practice.

The sample population comprised of 20 social workers practising in the Metropolitan Area of Durban. The respondents' ages ranged from 20 years to over 40 years with the larger proportion (60%) being over 40 years. The study strongly confirms that 90 % of the respondents' are females whilst 10 % are males. Literature reviewed and discussed in chapter 4 reflects that the social work profession is a largely female dominated profession. In considering the racial distribution of respondents the larger proportion (45%) of the respondents was Caucasians, 40% were Indians and 15% were Africans. 60% of the respondents are in full-time practise, whilst 35% are in part-time practise and five percent is registered, as a private practitioner however is not practising. A larger proportion of the respondents' (55%) is in private practice for 5 to 10 years, 20% is in practice between 10 to 20 years, another 20% is in practice over 20 years and five percent is practising under 5 years.

### **5.3 THEORETICAL FRAMEWORK**

In utilizing the human eco-systems theory the researcher looked at how the experiences of private practice viz. the challenges, benefits, opportunities and legislation impacted on private practitioners. The human ecosystems theory impacted on the seven different levels of the environment of the respondents.

At the physiological level social workers in private practice experienced stress at three levels viz. at the individual level, the family and professional level. Stress at the individual level included lack of a regular income, due to the uncertainty of a regular flow of work and no fringe benefits viz. a pension fund and medical aid. Concerns were raised that should one become ill as a private practitioner one is solely responsible for one's own practice, who will then sustain the practice? At the professional level the lack of business management skills due to inadequate knowledge within the University

curriculum was also a major source of stress. Attendance at seminars, workshops and further studies also impacted on the financial well being of the respondents. The respondents had to pay for the workshops, conferences or studies. Time away from the practice also resulted in lack of income for this period of time. At the family level respondents had to balance work / family life.

At the intra-personal level of the human eco-systems theory some of the challenges that respondents experienced were getting accepted as a colleague in private practice, and the difficulties experienced marketing and setting up one's practice as private practice has become competitive in Kwa Zulu Natal. Respondents indicated that they felt as if they are not capable and do not have the potential. This resulted in a loss of self-esteem. Further respondents expressed a sense of despair, as setting up private practice required a lot of hard work to set up one's practice. Nevertheless respondents also experienced a sense of gratification in working with people and having helped clients bring about changes in their life.

The inter-personal level of the eco-systems framework involved respondents feelings of professional isolation, professional jealousy and role confusion between the private practitioners and related disciplines. Respondents expressed concern that they missed the support of their colleagues when having worked at an agency. In terms of professional jealousy, one respondent indicated that the doctors at the hospital where she practised referred patients to psychologists as opposed to her. The other respondents indicated that they received more referrals from psychiatrists as compared to psychologists.

In viewing the community of the eco-systems approach, respondents considered the community that they practiced in as negative. The reason for this being that community members lacked knowledge as to the different

roles and functions of the social workers in private practice and that of a psychiatrist. However respondents also indicated that whilst there is this lack of perception, clients are being referred by medical practitioners and psychiatrists.

In understanding the different cultural aspect of clients, respondents expressed ease in working with clients of different cultural backgrounds. This is due to the fact that the senior social workers who entered private practice worked with diverse population groups within a multi-cultural context in their previous places of employment.

In terms of macro level of the human eco-systems model, which encompassed the legislative frameworks and Code of Ethics, as laid down by SACSSP respondents indicated that they adhered to the different legislation and abided by the Code of Ethics. However with regard to the specific legislation in terms of the transformation of welfare services and the Recruitment and Retention Strategy, respondents expressed disillusionment with the Department of Social Development for not acknowledging social workers in private practice.

It was clearly evident from the study that the human eco-systems theory impacted on the respondents' private practice as well as personal life on a micro, mezzo and macro levels.

## **5.4 CONCLUSIONS**

The following conclusions can be drawn from the findings;

### **5.4.1 DEMOGRAPHIC DETAILS**

The more senior seasoned social workers are entering private practice and this could be attributed to their frustrations and stagnation with the agency. Literature reviewed by Gathiram (2000) as cited in Naidoo and Kasiram (2004) is of relevance to this.

With regard to racial distribution one of the reasons for this could be the introduction of the Employment Equity and Affirmative Action Programmes in 1999 to redress the imbalances of the past may have resulted in the Government Departments and Non-Governmental Organisations employing more African social workers. The appointments of African social workers into management and supervisory positions could have facilitated the movement of the Caucasian and Indian social workers in private practice or alternatively it could be reconciled whereby these respondents looked for “greener pastures” viz. more money, flexibility and /or improved status. The other option for such a finding could be attributed to the fact that Kwa Zulu Natal is predominately populated with Indians therefore a smaller percentage of African social workers entering private practice. With the advent of democracy it can be concluded that 55% of respondents have become disillusioned and hence entered private practice.

According to one of the male respondents in this study he believes that male private practitioners have greater opportunities. They can be very flexible in terms of times and working from a Medical Centre does not impact on their family life. He reiterated that he has been in private practice for a relatively long period and running a cash practice. He indicated that his hard work at the beginning when he first started his practice has paid off.

#### 5.4.2 EMPLOYMENT STATUS OF THE RESPONDENTS

It can be concluded from the findings with reference to **the reasons for leaving their previous employment** respondents were disillusioned with their work conditions, working within a bureaucratic structure, lack of friendly family policies to balance work/ personal life; lack of professional recognition and disparity in terms of salaries between Non-Governmental Organisations and Government Departments. Private practice presented itself as an **opportunity**, which afforded them flexibility, areas of specialization and training and confidence in themselves that it is a viable option. They lack business management skills, which was a major concern to the respondents. It can be inferred that whilst a home **office** is a less expensive, more convenient and is immediately available, however one needs to consider the geographical location in terms of accessibility to clients. Should the office be part of the home structure, the practitioner may lose some sense of privacy as opposed to the office being in a separate building. The conclusion drawn from renting rooms at a Medical Centre is to build his/her client base. In marketing one's practice the practitioner will focus on holistic services reiterating that clients problems in addition to it been medical and also be psychosomatic in nature. Hence the other professionals will refer clients to one's practice. Should the other professionals refer clients to the private practitioner, there would be the opportunity for consultation hence addressing the issue of professional isolation.

It would seem that whilst **financial gain** is not the most important reason why social workers prefer private practice to agency practice, it is nevertheless one important consideration. The income that one receives as a private practitioner may not be significantly better than social workers at an agency however private practitioners have more control over how much they can earn viz. if one is prepared to work long hours, the pay can increase accordingly. In addition to the income earned, the practitioner incurs



overheads. Respondents' monthly **overheads** are similar to that of the study of Keefe and Hall (1998). In their study of social workers in private practice that have joined managed care organization panels, incurred overhead costs, including office staffing, record keeping and malpractice insurance.

It can be concluded that the respondents enjoy working with their **caseloads**, as it is a manageable. They could offer constructive counselling from the inception of the case to termination as well as enjoy job satisfaction. At the same time clients' problems are emotionally draining and more challenging to respondents. Respondents do not have the reassurance of a built-in support structure as that of agency social workers.

The conclusion that can be drawn with regard to the **nature of their work** is that it is varied and diversified even though many enjoy areas of specialization.

#### **5.4.3 THE BENEFITS OF SOCIAL WORKERS IN PRIVATE PRACTICE**

It is clearly evident from the study that the following are benefits of being in private practice:

**Working with motivated clients:** it can be concluded that clients had the freedom of choice in going to the social workers in private practice on their own accord or on the suggestion of the referral sources (either the medical doctor or psychiatrist). The client is not forced to seek services from a social worker in private practice. This gives one a sense of worth and appreciation.

**Control over professional growth and work environment:** Respondents indicated that they could decide for themselves the seminars/workshops and /or conferences that they would like to attend in terms of relevance to their area of expertise and for self- development. Respondents expressed that

they had the freedom of choice in deciding on the areas that they wanted to specialize in or to carry a generic caseload. Social workers at Agencies could not always decide on the nature of their caseloads, as they had to work according to the Agency's goals and demands. Also social worker at an Agency could not always decide on which workshops/ conferences to attend as attendance was based on a rotational system. Respondents indicated that they could decide where the office should be situated and choice of layout of the office.

**Financial rewards in terms of the effort that one puts in:** Financial rewards are dependent on the effort that one puts in. Respondents are self-employed. Hence, whatever financial gains they received were for their benefit. However initially to establish one's self in private practice, respondents indicated that they had to work extremely hard.

**Escape from bureaucracy:** Respondents pointed out that unfettered by conflicting bureaucratic demand and constraints, they have the opportunity to pursue client needs to a much fuller extent. They indicated that whilst working at an Agency, a certain portion of their professional time was spent in Agency goals and demands, which always did not serve the clients best interests. The private practitioner on the other hand, has the opportunity to exercise professional judgement and to use the skills and knowledge acquired in consultation with the client.

**Flexible working conditions: private practice allowed respondents to maintain a healthy work / family life balance:** one of the benefits as indicated by the respondents was that private practice allowed them the flexibility to accommodate both family and work commitments. Similarly Mattis [2000) as cited in Surajnarayan's study (2002) found that women managers left the private sector to become entrepreneurs. 51% of those managers had done so because they wanted more flexibility related to

childcare obligations, personal health concerns and elder care. It can be concluded that it is not only social workers in private practice that sought flexible working hours it was also other professionals as found in Surajnarayan's (2000) study. Further more her study concluded that flexible working arrangements ensures a healthy work / life balance accommodating both work and family needs.

**Quality casework services:** Another benefit of private practice was the small caseloads that they carry. It allowed the respondents to do intensive therapy, which ensured more effective and efficient services. Respondents had to be accountable to their clients because clients paid for services and expressed that they had to provide a quality service.

It can be ascertained from the findings those **opportunities** such as employee wellness programmes, training (HIV/Aids, orientation on employee wellness programme), legal work, work in schools and counselling working directly one-on-one with clients are available to social workers in private practice.

Opportunities for social workers in private practice will increase because of the anticipated availability of funding from health insurance and public-sector contracts. Also, with increasing affluence, people will be better able to pay for professional help to deal with personal problems. The growing popularity of employee assistance programs also is expected to encourage demand for private practitioners, some of whom provide social work services to corporations on a contractual basis. In relating this to social workers in private practice, whilst private practitioners experience difficulty in accessing medical aid funds, these funds are available however on a limited scale. The corporate world is obligated to providing employee wellness programmes as legislated by Government.

There are greater opportunities for male social workers in private practice especially in prisons, mediation in conflict resolution and working with men that are from the old school of thought, who would prefer working with male social workers. Whilst the female social workers are working around their families in ensure a healthy work / life balance men can take on additional responsibilities as the traditional view that society sees different demands and expectations being placed on men. There must be an awareness created that social work in private practice is growing and that with males there is a greater opportunity.

#### **5.4.4 CHALLENGES OF PRIVATE PRACTICE**

Whilst it can be concluded that there are benefits and opportunities there are also challenges of private practice.

**Professional Isolation:** the respondents indicated that professional isolation was a major challenge of private practice professional isolation can be very daunting to social workers in private practice. Although it is helpful to keep abreast with current literature and to attend professional conferences and workshops, such activities may not be adequate substitutes for the peer exchange and stimulation that take place in organizational settings. Professional isolation is not only unique to social workers in private practice. Surajnarayan (2002) in her study of women in management found that professional isolation was one of the major sources of stress.

**Stress and Burnout:** The respondents also experienced stress and burnout in running a private practice, which is not unique to social workers. A study undertaken by Martin and Schinke (1998) yielded similar results with regard to job satisfaction and burnout of mental health workers. They found that job satisfaction and burnout are important areas of study because of the financial

and social effects of job satisfaction and the damaging physical/psychological impacts of burnout.

**Difficulties of managing a business:** The respondents indicated that their lack of business acumen resulted in them not operating their private practice as efficiently as they would have wanted to. In the study undertaken by Naidoo and Kasiram (2003) they found that respondents were keen to open up options for private practice. However they did not enter into private practice as respondents felt that they were ill –equipped in managing the business side of the practice.

**Financial expenses:** Respondents indicated that setting up a practice involved financial planning and financial commitment. The monthly overheads are like running any other business. The practitioner must outlay advertising expenses in order to market her practice. Respondents lack fringe benefits viz. pension fund, medical aid and paid vacation and sick leave. The difficulty in accessing medical aid funds and collection of monies from cash paying clients impacted on the respondents' financial well-being.

Since the inception of social work services, it has been practiced within an Agency setting and the focus having been on the poor and destitute. According to an article “Social work in Health Care” ‘social work has its roots in the struggle of society to deal with poverty and the resultant problems. Therefore, social work is intricately linked with the idea of charity work’ ([http://www Scotland.gov.uk/publications/2005/12/1994633](http://www.Scotland.gov.uk/publications/2005/12/1994633)). This reiterates that the focus of social work was on the poor. Social work organizations, State Departments and Non-governmental organizations provide a diverse range of services to a wider group of clients. Hence people were familiar with that status quo.

**Role confusion and conflict between a social worker and a psychologist:** In this study respondents considered the community as being unaware of the role of the social worker in private practice. The respondents indicated that the community is aware of the role of the psychologist and preferred to consult a psychologist rather. The conclusion drawn at this juncture is that it is very disillusioning when one has the knowledge, qualification and skills, however one is not given the recognition as well as does not receive similar financial benefits.

#### **5.4.5 SUPPORT IVE NETWORKS**

Linsley (1996) reiterates the importance of support networks especially new practitioners who must join societies, supervision and mentoring groups and other groups that put them in touch with colleagues in the private practice arena. This is in keeping with the finding all the respondents being affiliated to SAASWIPP was beneficial to them. Whilst there are benefits of belonging to SAASWIPP, respondents indicated that there are gaps as well in providing support.

All the respondents indicated that the South African Council for Social Services Professions and the Government is of no benefit to them. Even though they are aware that social workers in private practice exist, the SACSSP and the Government do not give the respondents the recognition they deserve as well as not recognize the valuable contribution of private practitioners.

#### **5.4.6 LEGISLATION**

All respondents' displayed a strong commitment to the Social Work Act, Act No. 110 of 1978 and SACSSP's **Code of Ethics**. It is vital that social workers in private practice are aufait with the laws. According to Cull and Roche

(2001) as cited in Tesfamichael (2004), effective and ethical practice relies upon a commitment to develop and consolidate knowledge. The law is an indispensable partner for social work as it regulates the profession's practice; provides social workers with specific legal powers and duties in a range of situations so as so do their job properly

It is concluded that respondents realized that they have only one chance to prove themselves as professionals and therefore remain committed to adhering to the legislation. Should they in any way breach the Code of Ethics their registration with SAAWIPP, SACSSP and with the Board of Health Funders would be cancelled and would not be able to practice.

## **5.5 RECOMMENDATIONS**

Arising from the substantive discussion on the findings and the suggestions made by the respondents, the following recommendations are being made.

### **5.5.1 The social worker in private practice**

It is imperative that the private practitioner should learn business management skills and then build on that knowledge.

Social workers in private practice should possess certain personality characteristics if they anticipate being successful, apart from knowledge and competence. The social worker in private practice must ensure that she/he takes the initiative to register with educational institutions for continual professional development courses.

Social workers in private practice should form a support group whereby they should meet once a month to discuss difficult cases, look at staff development programmes and address issues of concerns and highlights.

It is absolutely vital for the social worker in private practice to take care of her/himself. This would help to de-stress in light of the emotionally draining and challenging caseload that she/he is carrying.

Social workers in private practice must make concerted efforts to show the value and quality of their services and that they can continue to provide effective, efficient and value for money social work services. Prospective private practitioners should beware of the pros and cons entering into private practice. By doing so these challenges can be minimized and the potential for considerable benefits can be enhanced.

### **5.5.2 Marketing**

Social workers are at a disadvantage when they enter private practice as the community at large lack knowledge as to what services social workers in private practice offer. It is recommended therefore that they must adopt a good marketing strategy that will inform the community about social worker in private practice, about themselves viz. personal self – promotion.

There is a marked discrepancy between the public image and prestige of the various professionals and the tasks they performed. This inevitably led to feelings of discrimination and a desire for professional recognition commensurate with the services actually rendered to the clients. This can only be undertaken if social workers conduct themselves professionally, according to the ethics and values of social work.

The SAAWIPP NEWS (newsletter) should carry articles to assist new practitioners to set up their practice. The newsletters are informative and the articles are interesting no articles focus on setting up a new practice. The newsletter should cover all aspects of private practice viz. setting up a new



practice, marketing, articles of interest, job opportunities and happenings in the field of private practice.

### **5.5.3 Tertiary Institutions**

Tertiary institutions must realign the educational focus toward filling the educational gap in preparing social workers for private practice. Respondents in this study made reference to their lack of knowledge of business management skills. In Holscher's study (2001) respondents indicated that they needed to develop "some kind of business acumen" which would positively affect the professional confidence of social workers. It then becomes the responsibility of the social worker in private practice to take the initiative to register for the courses offered.

### **5.5.4 Supportive networks**

#### **5.5.4.1 SAASWIPP**

(i) SAASWIPP should offer orientation workshops to new private practitioners

In the absence of these workshops, which SAASWIPP used to offer to all new private practitioners previously (4 years ago), private practitioners are going out into the world of private practice with little or no knowledge and background. Hence it is important that SAASWIPP once again introduces these orientation workshops, which focuses on how one establishes one's practice, marketing strategy and adhering to guidelines and ethics and the role of SAASWIPP.

(ii) SAASWIPP should assist new practitioners to market & set up practice and offer guidance with difficult cases

New practitioners need guidelines and mentoring as to how one goes about starting and setting up one's practice. As the practitioner is new she/he requires mentoring/ supervision with cases especially difficult cases to know whether she/he is doing the right thing. Further, as a new practitioner without assistance one does not know what one's boundaries are with regard to certain cases and the courts. SAASWIPP should provide training workshops, which should be held as part of the SAAWIPP meeting. These workshops should focus on helping new practitioners set up their practice and follow up sessions should be held to assess progress and address any difficulties encountered.

(iii) SAASWIPP must do more for private practitioners to get recognition by SACSSP & GOVERNMENT

SACSSP and the Government Department hardly recognize social workers in private practice. If they did then the government would acknowledge what social workers in private practice have to offer, consider private practitioners in the legislation (viz. Retention and Recruitment Strategy as well as in the Social Development Model). Further the issue of the changed legislation with regards to adoptions by social workers in private practice. SAASWIPP is aware of the valuable input, skills and knowledge that social workers in private practice possess and SAASWIPP must plunge this process forward with SACSSP and Government. The Chairperson of SAASWIPP has held meetings with Government however follow up meetings should be scheduled, statistics should be provided as to the number of clients attended to, the nature of work undertaken so that Government and SACSSP has the information and are aware what social workers in private practice are doing.

(iv) SAASWIPP should serve as a safety net for new private practitioners for fear of failure SAASWIPP should provide support on a one-on-one basis.

(v) SAASWIPP at National level must hold a workshop to market private practice. It must stress that all private practitioners attend.

#### **5.5.4.2 The Government**

The Department of Social Development has been conducting road shows throughout the country in partnership with the SABC Education department, promoting social work as a career among the youth. The department has a number of other measures in place to make social work attractive as a career in the country and to retain the skills. As part of implementing the Retention Strategy for Social Workers, the department has developed new generic job descriptions, which define areas of specialisation for social workers. In response to the above it is recommended that policy makers should recognize that private practice is a rapidly developing occurrence in social work and should be seriously considered by the policy makers to be incorporated into the welfare structure in such a way as to help address issues of concern. It is absolutely necessary and fundamental to include social workers in private practice, who are multi-skilled, highly knowledgeable and experienced, and expected to be more conscientious and professionally responsible, as partners in social development. What social workers have to offer is best summed up by the statement from the IASSW (International Association of Schools of Social Work), 2001) which also gives a comprehensive profile of what role social workers might play:

“Social work utilises a variety of skills, techniques, and activities consistent with its holistic focus on persons and their environments. Social work interventions range from primarily person-focused psychosocial processes to involvement in social policy, planning and development. These include counselling, clinical social work, group work, social pedagogical work, and family treatment and therapy as well as efforts to help people obtain services and resources in the community. Interventions also include agency administration, community organisation and engaging in social and political

action to impact social policy and economic development. The holistic focus of social work is universal”.

Hence the Government should look within its welfare structure as to how the services of social workers in private practice can be utilized.

#### **5.5.4.3 SACSSP**

SACSSP is aware that social workers in private practice exist as social workers are registered with council. SAASWIPP must relook at strategies in order to change the mindset of SACSSP. SAASWIPP should do presentations on what SAASWIPP affiliates do, provide statistics on the number of clients and work undertaken to SACSSP so that they are aware or if they are aware to enlighten once again until they put social workers in private practice on their agendas.

### **5.5 IMPLICATIONS FOR FURTHER RESEARCH**

This study focused on social workers in the Durban Metropolitan area of Kwa Zulu Natal. In order to draw conclusive findings this study could be extended to the other provinces. Further a comparative study between social workers in private practice and agency social workers could be undertaken to explore their experiences. The paucity of information on experiences of social workers in private practice in South Africa warrants this gap to be addressed.

### **5.6 CONCLUSION**

It is clearly evident even though there are challenges that social workers in private practice experience, there are several opportunities and benefits that respondents gained practising as private practitioners.

Social workers in private practice have a valuable contribution to make at a micro level as well as at a macro level. Whilst social work remains a focus on

individuals, it has been argued that the individual-focused work cannot address structural change. There is nonetheless a real and important role for this level of social work. Whilst the focus is on preventative and developmental programmes, it is unlikely that these programmes will achieve their objectives if the people towards whom they are directed are unable to engage within these programmes. Aside from the role that the individual-focused therapy will play in facilitating individuals to access these programmes, it will play an important part in dealing with specific problems of individuals and families, by its very nature, cannot be addressed by such programmes. Hence casework plays an important part in developmental social work with its focus on individuals and families, informed as it is by a host of theories which are completely compatible with social development theory such as anti-racist practice models, ecological approaches, empowerment models and systems approaches (Gray 1998).

Notwithstanding the challenges there are just as many benefits and opportunities in private practice. In working in the human services field, the personal benefits of gratification and appreciation of motivated clients are a personal benefit that is inexplicable. Respondents in carrying a caseload that they consider manageable afford them the opportunity to provide quality social work services. The flexible work hours around their families ensures that they maintain a healthy work/life balance, which is so important to maintain a well-rounded persona. Social workers in private practice have a pivotal role to play in making a difference in the post-apartheid era.

In response to whether "Private Practice: is it worth it" the researcher has come to the conclusion that even though there are challenges there are many benefits and opportunities available for social workers in private practice in South Africa, hence private practice is worth it.

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